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ABSTRACT

This catalog provides a worker-based description of duties, tasks, performance objectives and guides, and related data for physical therapy occupations. Duties covered include the following: (1) performing administrative/clerical functions; (2) communicating information; (3) providing patient care services; (4) performing support service; (5) performing patient and care plan assessment; (6) performing physical therapy treatments; (7) providing psychosocial care; and (8) continuing education. Each performance objective contains a task, and each task is further divided into a series of subtasks, or performance objectives, for each of which a standard of performance, conditions for performance, performance guide, and source of standard are provided. The catalog also contains a general introduction, definitions, and the following appendices: (1) a list of tools, equipment, and work aids; (2) 10 references (sources of standards); (3) a cross-reference table of duties, tasks, and performance objectives; (4) a 154-item bibliography (consisting of state-of-the-art literature); and (5) a catalog development model. (NLA)

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CATALOG OF PERFORMANCE OBJECTIVES
AND PERFORMANCE GUIDES
FOR
PHYSICAL THERAPY OCCUPATIONS

CIP CODES:	17.0813	Physical Therapy
	17.0814	Physical Therapy Aide
	17.0815	Physical Therapy Assisting

DOT CODES:	076.224-010	Physical Therapist Assistant
	355.354-010	Physical Therapy Aide

Prepared for:

Vocational-Technical Education
Consortium of States

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INTRODUCTION

The Vocational-Technical Education Consortium of State (V-TECS) is a cooperative research and development venture currently among twenty-five states and three associate agencies. Member states are Alabama, Arizona, Arkansas, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Mississippi, Missouri, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Virginia, Washington, and West Virginia. The Technical Training Commands of the U.S. Air Force, the Training and Doctrine Command of the U.S. Army, the Naval Education and Training Command of the U.S. Navy and the U.S. Marine Corps as well as the U.S. Bureau of Prisons and the International Labor Affairs Division of the U.S. Department of Labor, hold associate memberships in the Consortium. Policy matters of V-TECS are handled by a representative Board of Directors composed of one member from each participating state, appointed by the state's Director of Vocational Education. V-TECS is an operating unit of the Commission on Occupational Education Institutions, Southern Association of Colleges and Schools.

Member states of V-TECS share services, technology, and resources for mutual benefit, eliminating duplication of effort in conducting occupational analysis and producing job-referenced vocational program data base for use in developing performance-based curricula. Catalogs of performance objectives and performance guides in selected areas of occupational education are produced and shared among the Consortium membership. Standard basic procedures are used to ensure uniformity in the products and to promote transportability of products between states. Strict adherence to the following procedures assures confidence in the products developed: (1) development of task statement booklets for a domain of job titles; (2) selection of representative sample of incumbent workers within the state which is developing the catalog; (3) administration of the task statement booklets to the incumbent worker sample; (4) computerized analysis of information collected from the sample; (5) conversion of the task statements into a catalog of performance objectives and performance guides; (6) a comprehensive field review; (7) development of the final catalog; and (8) a dissemination program. The procedures are presented in the V-TECS Technical Reference Handbook for Catalog Development.

DEFINITIONS OF TERMS

ADL (Activities of Daily Living). Performance of self-care, work, and leisure activities.

AFFECTIVE. Skills which emphasize an attitude, feeling, emotion, or degree of acceptance and rejection.

AROM (Active Range of Motion). The arc of motion the joint passes when moved by the muscles acting on the joint.

ASEPTIC. Not septic (alive); free from septic (living) materials.

CATALOG. A comprehensive collection of performance objectives, performance guides, and related data developed in a specific domain.

COGNITIVE. Skills which emphasize the recall of knowledge and development of intellectual abilities.

COMPETENCY. The ability (including knowledge, skills, and/or attitudes) to perform a specific task or duty successfully.

COMPETENCY-BASED EDUCATION. Educational program in which students are given specific requirements for individual performances which must be met in order to advance in instruction.

CONDITIONS. Description of the situation, including tools and equipment to be used, and limitations under which the tasks will be performed.

CONSORTIUM. A group of state agencies, institutions, or other entities which have been legally constituted through letters of commitment, agreements, or by assignment of higher authorities to work together toward the solution of problems in education. A consortium, for the purposes of this work, must have membership from autonomous agencies and institutions which have cut across state boundaries as they attempt to solve problems or meet goals.

CROSS-REFERENCE TABLE. A table that identifies the relationship among duties and tasks found in the occupational inventory and the performance objectives in the final catalog. Also noted are percentages of incumbents performing the tasks by D.O.T. number.

DICTIONARY OF OCCUPATIONAL TITLES (D.O.T.). A document published by the U.S. Department of Labor, Employment, and Training Administration. This publication groups occupations into systematic occupational classification structures based on interrelationships of job tasks and requirements.

DOMAIN (Occupational Domain). A group of job titles that are related on the basis of required skills and knowledge.

D.O.T. CODE. A nine-digit number identifying a specific occupation, taken from the Dictionary of Occupational Titles developed by the U.S. Department of Labor.

DUTY. A cluster of related tasks performed by incumbent workers in an occupational domain.

IEP (Individualized Education Plan). An annual written plan for a child's academic work and/or related services such as physical therapy, occupational therapy, and speech therapy. IEP's includes current level of functioning, goals and objectives, and criteria.

IN-SERVICE. Educational workshop going on or continuing while one is fully employed.

MULTI-DISCIPLINARY (Care Plan) MEETING. The meeting of professionals from several different disciplines such as physical therapy, occupational therapy, speech therapy, psychology, etc. to discuss and plan for a patient's needs.

NDT (Neurodevelopmental Treatment). A system of therapeutic exercise based on the relearning of normal movement through gradual, progressive development of the nervous system.

OCCUPATIONAL ANALYSIS (Task Analysis). The process of reviewing elements of a job for the purpose of improving training program content across program levels of vocational-technical education.

OCCUPATIONAL INVENTORY (Task Inventory Booklet). A survey instrument listing tasks performed and tools and equipment used by job incumbents in an occupational domain.

OCCUPATIONAL SURVEY. The procedures for collecting data to identify the duties and tasks that comprise one or more jobs, job types, or career field ladders for the collection and analysis of information concerning such duties.

O.E./CIP CODE. A code developed by the U.S. Office of Education to identify a specific cluster of related jobs for training program identification.

PERFORMANCE-BASED INSTRUCTION. Instruction which requires the learner's demonstration of specific competencies. The desired abilities are selected before the instruction is described and are clearly defined as observable performance objectives.

PERFORMANCE GUIDE (PG). A series of steps required for performance of a task arranged in the sequence ordinarily followed.

PERFORMANCE OBJECTIVE (PO). A statement, in precise measurable terms, of a particular behavior to be exhibited by a learner under specified conditions, including a standard of performance.

PNF (Proprioceptive Neuromuscular Facilitation). A system of therapeutic exercise based on normal motor behavior that includes methods for facilitating motor learning that are useful to all persons.

PROM (Passive Range of Motion). The arc of motion though which the joint passes when moved by an outside force.

ROM (Range of Motion). The arc of motion through which a joint passes.

STATE-OF-THE-ART (SOA) STUDY. Research conducted to determine the current status of performance-based instructional materials and practices in the domain area under study and to obtain other information that might be useful in catalog development.

TASK. A unit of work activity which constitutes logical and necessary steps in the performance of a duty. A task has a definite beginning and ending point in its accomplishments and generally consists of two or more definite steps.

TASK ANALYSIS. The process of reviewing elements of a job for the purpose of improving training program content across program levels of vocational technical education.

TASK CRITICALITY. That aspect of a task statement which makes its accomplishment crucial to the acceptable performance of a worker or student.

WORK HARDENING. Therapeutic technique that moves the worker from a submaximal level of performance to a level adequate for entry or reentry into the work force.

V-TECS CATALOG DESCRIPTION

This V-TECS catalog was developed for the following domain area.

CIP CODES:	17.0813	Physical Therapy
	17.0814	Physical Therapy Aide
	17.0815	Physical Therapy Assisting
DOT CODES:	076.224-010	Physical Therapist Assistant
	355.354-010	Physical Therapist Aide

The major portion of the catalog contains an analysis of the domain area as graphically shown in Figure 1.

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 3

TASK: Maintain daily treatment log.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy procedures must be recorded on a daily basis in the department treatment log, including patient's name, date, evaluation/therapy performed, performing personnel, patient's classification, and recorder's comments.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Department therapy log

PERFORMANCE GUIDE:

1. Locate department therapy log.
2. Identify evaluation/therapy procedure performed.
3. Enter daily therapy procedures in department therapy log:
    - A. Patient's name.
    - B. Date and treatment time.
    - C. Evaluation/therapy performed.
    - D. Performing personnel's name.
    - E. Patient classification:
        - (1) In-patient.
        - (2) Out-patient.
        - (3) Extended care.
        - (4) Resident.
        - (5) Home visit.
        - (6) Other.
4. File the treatment log.

SOURCE OF STANDARD:

Writing team of incumbent workers

When using the information from a respective catalog page, as represented in Figure 1, the following should be noted:

1. Duties are defined as a major segment of work-related activities for the domain area Physical Therapy Occupations. Duties are comprised of related tasks.
2. Tasks are discrete units of work-related activities that constitute logical and necessary activities in the performance of a duty. A task has definite beginning and ending points for accomplishment and generally consists of two or more definite steps for completion.
3. Duties and tasks are not necessarily in a sequential order. However, tasks within a duty were written to be highly-related to the respective duty.
4. Performance guides are a series of steps arranged in a sequence that when followed would result in the performance and completion of a stated task. It should be noted that the performance guide steps used in a V-TECS catalog may not be the only sequential steps that could be followed to perform the tasks. V-TECS attempts to identify the steps most commonly used.

5. Performance objectives are separated into tasks, performance standards, and the conditions for performance (such as equipment, tools, supplies, and implements) required to complete the task (action required) as well as a standard (criterion) of occupational-related requirements for acceptable completion of the task.

This catalog Physical Therapy Occupations defines the population as persons who are employed on a full-time basis to perform duties and tasks in one or more of the two specified job titles in Illinois. Two hundred and fifty randomly selected medical institutions were identified. These medical institutions employed Physical Therapist Assistants and Physical Therapy Aides in the Physical Therapy Occupations field. The survey instrument consisted of 8 duties, 208 tasks, and a listing of 605 tools, equipment, and work aids, all based upon a state-of-the-art review of the domain area and interviews with 33 incumbents. Data were processed on 125 respondents; data were analyzed and task synthesized by a writing team consisting of Amy Luke, Physical Therapist Assistant, Marilyn Kaufman, Physical Therapist Assistant, Christine Strickland, Physical Therapist Assistant, Bernie Morton, Physical Therapy Aide, Mary York, Physical Therapy Aide, Pat Hayes, Physical Therapy Aide, and Kathy Cox, Physical Therapy Aide, Don Courtial, Chief Physical Therapist, Jane

Rule, Physical Therapist, Wallace Strittmatter, Physical Therapist/Instructor, and Dale Pape, Physical Therapist/Assistant Professor; and three project staff members, Fred Reneau, project director, Dave Hahn, project researcher, and Peggy Pool, state technical coordinator.

A draft catalog was reviewed by Julie Weber, Physical Therapist Assistant, Laura Richardson, Physical Therapist Assistant, Linda Mensching, Physical Therapist Assistant, Patrick McCarthy, Physical Therapy Aide, Jose Alvarado, Physical Therapy Aide, Bonnie Engleman, Physical Therapy Aide, Major Charles Curry, Physical Therapy Department Director, Master Sergeant Alberto Serrano, Physical Therapist Assistant, Natalie Shearin, Physical Therapy Department Manager.

In addition to the performance objectives and performance guides section, the catalog also contains the following:

1. Appendix A-page 343, a listing of those tools, equipment, and work aids used by incumbent workers in the occupation.
2. Appendix B-page 357, a bibliography of all sources of standards cited in the catalog.
3. Appendix C-page 359, a cross-reference table listing the duty areas and task statement as they appeared in the survey instrument (occupational inventory); the dispostion of duty areas and task statements

within this catalog; and the results of the incumbent worker survey responses by number and percent performing.

4. Appendix D-page 371, a bibliography of state-of-the-art literature identified during catalog development.
5. Appendix E-page 383, a graphic representation of the V-TECS catalog development model.

V-TECS Catalog Uses

The intent of this V-TECS catalog is to provide an incumbent worker based description of duties, tasks, performance objectives, performance guides, and related data in the domain area of Physical Therapy Occupations. This catalog was not compiled for a specific audience, such as instructional materials developers, curriculum developers, educators, researchers, business or professional or industrial applications, or evaluations. However, due to the nature of the catalog, all the above users and many others have a ready made incumbent worker research-based document to provide information for their specific needs.

The following are given as examples of catalog implementation. Generically, as an incumbent-based document, the V-TECS catalog within a specified domain area can be applied in the areas of accountability, budget, articulation, resource identification, needs assessment, competency (performance) based instruction, counseling, individualized instruction, program profits, program/ student evaluation, and student placement/progression. It must be noted that the V-TECS catalog serves as a resource document for all of the above uses and as such cannot be directly absorbed or adopted to a single specified use.

Specifically, components of the catalog can be used as follows:

Duty Areas. The duty areas are distinct major activities engaged in by incumbent workers. Duties can be used as: (1) a functional basis for instructional programs, (2) a basis for assessment (placement and progression), and (3) a basis for developing objectives.

Tasks. Duties are constituted by grouping highly related work activities called tasks. Tasks can be used as: (1) a functional organization for instructional increments within duties, (2) a basis for instructional assessment (placement and performance), and (3) a basis for planning individualized instruction. Additionally, tasks can serve as part of a basis to certify completers of a program of placement of individuals within a domain area.

Performance Guides. Observable steps in a sequence leading to the accomplishment of a task make up a performance guide. As such, performance guides can serve in: (1) establishing enabling instructional objectives, (2) curriculum/instructional materials design, and (3) establishing enabling standards.

Performance Objectives. Performance objectives are listed as tasks in performance terminology, conditions that describe the action, conditions for performance, and standards of acceptable performances that lead to the successful completion of a task. As such, performance objectives can be used: (1) to establish objectives for instruction/placement; (2) as a comparison to the existing setting for updating, revising, or concurrence; (3) to establish the basis for competency/performance-based efforts; (4) in needs assessment; and (5) in goal setting.

PERFORMANCE OBJECTIVES

AND

PERFORMANCE GUIDES

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 1

TASK: Complete a charge slip.

STANDARD OF PERFORMANCE OF TASK:

Patient's charge card information must be imprinted on charge slip, including patient's name, address, social security number, birth date, telephone number, physician's name and assistant/aide signature or initials as required by institution guidelines. All treatment received must be marked clearly and legibly on the charge slip.

CONDITIONS FOR PERFORMANCE OF TASK:

Charge slip
Embossing machine
Patient charge card
Patient's treatment card

PERFORMANCE GUIDE:

1. Mark charge slip with patient information:
    A. Manually (by hand).
    B. Embossing machine:
        (1) Place patient's charge card in embossing machine.
        (2) Position charge slip in embossing machine.
        (3) Operate embossing machine.
        (4) Remove charge slip.
        (5) Return charge card to storage area or person.
2. Verify patient information on charge slip:
    A. Name.
    B. Address.
    C. Social Security Number.
    D. Birth date.
    E. Telephone number.
    F. Physician's name.
    G. Date of treatment.
    H. Insurance coverage.

PERFORMANCE GUIDE: (cont.)

3. Mark treatments received on charge slip.
4. Sign or initial charge slip.
5. Turn charge slips into business office.
   NOTE: Copies may be required for physical therapy department.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 2

TASK: Update medical records.

STANDARD OF PERFORMANCE OF TASK:

Medical records must contain most recent patient identification information, medical history, evaluation results, therapy treatment plan, and physician's diagnosis/prescription information.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Patient's medical records

PERFORMANCE GUIDE:

1. Locate patient's chart and medical records.
2. Identify new updated patient information to be recorded:
    - A. Patient identification information:
        - (1) Patient name.
        - (2) Parent/Spouse/Guardian's name.
        - (3) Address.
        - (4) Telephone number.
        - (5) Identification number.
        - (6) Patient's age/date of birth.
        - (7) Physician's name.
        - (8) Medical insurance company.
    - B. Medical history:
        - (1) Allergies.
        - (2) Past exams/treatment.
        - (3) Past diagnosis.
        - (4) Family medical history.
        - (5) Medical alerts.
    - C. Test results:
        - (1) Evaluation results.
        - (2) Physician's diagnosis.
        - (3) Planned treatment/IEP.

PERFORMANCE GUIDE (cont.)

3. Record updated information in patient's medical records.
4. Review entries for accuracy and completeness.
5. Verify entries are dated and signed.
6. Return patient's medical records to storage area.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 3

TASK: Maintain daily treatment log.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy procedures must be recorded on a daily basis in the department treatment log, including patient's name, date, evaluation/therapy performed, performing personnel, patient's classification, and recorder's comments.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Department therapy log

PERFORMANCE GUIDE:

1. Locate department therapy log.
2. Identify evaluation/therapy procedure performed.
3. Enter daily therapy procedures in department therapy log:
    A. Patient's name.
    B. Date and treatment time.
    C. Evaluation/therapy performed.
    D. Performing personnel's name.
    E. Patient classification:
        (1) In-patient.
        (2) Out-patient.
        (3) Extended care.
        (4) Resident.
        (5) Home visit.
        (6) Other.
4. File the treatment log.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 4

TASK: Schedule appointments for patients.

STANDARD OF PERFORMANCE OF TASK:

The physical therapy appointment must meet the needs of the patient and department. The appointment must be documented and reported as required by the institution's guidelines. Appointment scheduling information must include patient's name, type of therapy treatment, date of appointment and time of appointment.

CONDITIONS FOR PERFORMANCE OF TASK:

Paper
Schedule book
Patient's records
Appointment cards

PERFORMANCE GUIDE:

1. Identify time and date that meets the patient's and department's needs.
2. Review details of appointment with patient:
   A. Patient's full name.
   B. Type of treatment to be received.
   C. Date of next treatment.
   D. Time of next treatment.
3. Provide patient with written confirmation of appointment information.
4. Document and report appointment.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 5

TASK: Assist with supervision of physical therapy assistants and aides.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy assistants and aides must be assigned work, advised of potential problems associated with assigned work, observed and aided during completion of work.

CONDITIONS FOR PERFORMANCE OF TASK:

Supervisor
Modality equipment
Daily summary sheet
Procedure manual/department policies

PERFORMANCE GUIDE:

1. Obtain daily workload sheet.
2. Communicate workload to assistant or aide in a polite manner:
   A. Verbal assignment.
   B. Written assignment.
3. Advise assistant/aide of possible problems associated with tasks to be performed.
4. Observe assistant/aide in establishing patient rapport, preparation, setting up and giving modality/ treatment.
5. Inform worker of problems observed with their techniques, such as establishing patient rapport, patient handling, equipment operation, etc.
   NOTE: Inform assistant/aide of patient problems in a private confidential area.
6. Verify that the jobs were carried out and note any problems that occurred.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 6

TASK: Carry out assignment from supervisor.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy assignment must be completed in compliance with supervisor's instructions. Assistant/aide must identify and assemble equipment and personnel needed to complete assigned task.

CONDITIONS FOR PERFORMANCE OF TASK:

Assignment sheet
Department workload sheet
Physical therapy equipment

PERFORMANCE GUIDE:

1. Receive assignment from supervisor:
   A. Verbally.
   B. Written.
2. Verify assignment instructions.
3. Identify equipment or additional personnel needed to complete assignment.
4. Perform tasks assigned.
5. Record assignment completion as required by physical therapy department.
6. Report to supervisor for next assignment.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 7

TASK: Assign work to co-workers.

STANDARD OF PERFORMANCE OF TASK:

Daily assignment sheets must be completed and provided to workers prior to the start of the shift. Assignment sheets must include assistant's/aide's name and identification number, date, hours on duty, and scheduled therapy procedures/work to be performed by the assistant/aide.

CONDITIONS FOR PERFORMANCE OF TASK:

Daily assignment sheet
Department work load schedule
Assistant's/aide's work schedule

PERFORMANCE GUIDE:

1. Locate department work load chart and daily assignment sheet.
2. Identify assistant's/aide's work schedule and compare with work load schedule.
3. Complete daily assignment sheet:
    A. Assistant's/aide's name and identification number.
    B. Date.
    C. Hours on duty.
    D. Scheduled therapy/work procedures.
    E. Scheduled time for lunch and breaks.
4. Provide assistant's/aide's with their scheduled work load for the day.
    NOTE: Assignment sheets must be provided prior to start of the shift.
5. Advise assistant/aide of possible problems associated with tasks to be performed.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 8

TASK: Schedule therapy treatments.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy treatments must be scheduled as ordered, at a time convenient to the patient and must not conflict with other treatments scheduled by the department. The scheduled therapy treatment must be logged in the therapy scheduling log and reported as required by departmental guidelines.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Physician's order
Therapy scheduling log book
Equipment scheduling book

PERFORMANCE GUIDE:

1. Review physician's order and patient's chart for changes in therapy treatment.
2. Verify patient's name and physical therapy treatment to be scheduled.
3. Record patient's name and therapy treatment in physical therapy department's scheduling log book.
4. Identify departmental scheduling conflicts or problems and schedule around them.
5. Chart and report scheduling information.
6. Return therapy scheduling log book to designated storage area.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 9

TASK: Plan individual work loads.

STANDARD OF PERFORMANCE OF TASK:

Total daily departmental work load must be identified and divided between the workers on duty that day. Each worker must be provided with an individual work load assignment sheet.

CONDITIONS FOR PERFORMANCE OF TASK:

Personnel list
List of work to be completed
Workload assignment sheets

PERFORMANCE GUIDE:

1. Identify task to be completed:
   - A. Patient charting.
   - B. Patient treatment.
   - C. Cleaning duties.
2. Identify time scheduled for workers on duty.
3. Identify best person suited for each job.
4. Schedule work load for each worker.
5. Complete daily work load assignment sheets.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 10

TASK: Conduct physical therapy equipment inventory.

STANDARD OF PERFORMANCE OF TASK:

Equipment inventory must identify the equipment by name, model/serial number, description, physical count, age, monetary value and remaining period of usefulness.

CONDITIONS FOR PERFORMANCE OF TASK:

Inventory record sheets
Equipment to be inventoried

PERFORMANCE GUIDE:

1. Identify equipment to be inventoried.
2. Record equipment identification information on inventory record sheets:
   A. Equipment name.
   B. Model/serial number.
   C. Equipment description.
3. Record equipment inventory information:
   A. Physical count of equipment.
   B. Equipment age.
   C. Monetary value.
   D. Remaining life (usefulness).
   NOTE: If the equipment is outdated or remaining life is near expiration, a purchase request for new equipment should be filed.
4. Give completed equipment inventory to chief physical therapist for review.
   NOTE: A copy of the equipment inventory should be made.
5. File copy of inventory sheet.
6. Give original inventory sheet to materials management.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 11

TASK: Conduct physical therapy department supply inventory.

STANDARD OF PERFORMANCE OF TASK:

The number of supplies on hand in the department supply area must be identified. Supply inventory forms must be completed including supply name, identification number, restocking number, and number on hand.

CONDITIONS FOR PERFORMANCE OF TASK:

Supply inventory forms
Supplies to be inventoried

PERFORMANCE GUIDE:

1. Locate supply inventory sheets.
2. Record name of each supply on inventory sheet.
3. Count the number of each supply on hand.
4. Record the supply count on the inventory form:
   A. Supply identification number.
   B. Number on hand.
5. Identify supplies to be restocked and the vendor to be used.
6. Give completed supply inventory form to chief physical therapist.
7. File supply inventory form.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 12

TASK: Arrange for equipment repair.

STANDARD OF PERFORMANCE OF TASK:

Equipment repair request must be completed to include maintenance contractor's name and address, equipment serial number, problem description, date of problem request, status and type of maintenance agreement.

CONDITIONS FOR PERFORMANCE OF TASK:

Maintenance contract
Equipment information
Maintenance request forms

PERFORMANCE GUIDE:

1. Identify equipment maintenance contractor.
   NOTE: Some equipment is repaired within institution by engineering department.
2. Enter equipment repair request information on request form:
   A. Maintenance contractor's name and address.
   B. Equipment serial number.
   C. Description of the problem.
   D. Date of problem occurrence.
   E. Status of request:
      (1) Urgent.
      (2) ASAP.
      (3) At contractor's convenience.
      (4) Due date.
3. Sign or initial equipment repair request form.
4. Make a copy of equipment repair request.
5. Forward request to:
   A. Maintenance contractor.
   B. Chief therapist or maintenance department.

PERFORMANCE GUIDE (cont.)

6. File a copy of the equipment repair request form.
   NOTE: Some institutions keep equipment history logs listing the date of problem, nature of problem, date of repair, type of repair and cost of repair.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 13

TASK: Provide patient information to physician.

STANDARD OF PERFORMANCE OF TASK:

Physician must receive the requested patient information including the patient's progress, treatment and attendance information. Information must be clear, accurate and up-to-date. Physicians other than referring physicians, must have a valid information release form prior to release of patient information.

CONDITIONS FOR PERFORMANCE OF TASK:

Copier
Patient's file
Attendance sheet
Physician's information request
Patient information release form

PERFORMANCE GUIDE:

1. Verify physician's identification and information release form.
2. Locate patient's file and attendance sheet.
3. Fill out physician information report sheet.
4. Copy physician's report sheet.
5. Place copy of report in department file.
6. Send original to physician's office.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 14

TASK: Participate in hospital/clinic quality control meetings.

STANDARD OF PERFORMANCE OF TASK:

Assistant/aide must assemble quality control data for presentation at quality control meeting. Assistant/aide must present quality control data, participate in quality control discussion and share meeting information with department assistants and aides.

CONDITIONS FOR PERFORMANCE OF TASK:

Meeting room
Meeting participants
Quality control data sheets
Quality control meeting agenda

PERFORMANCE GUIDE:

1. Review quality control meeting agenda.
2. Assemble quality control data sheets needed for meeting.
3. Prepare quality control information to be presented in the meeting.
4. Arrange for duties to be covered while attending the meeting.
5. Arrive at the meeting on time.
6. Present quality control information upon request.
7. Make notes of discussion and instructions.
8. Share meeting results with other assistants/aides in department.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 15

TASK: Complete quality control data sheet.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy equipment quality control test results must be recorded on quality control data sheet in a clear, concise and legible manner.

CONDITIONS FOR PERFORMANCE OF TASK:

Quality control data sheet
Quality control test results

PERFORMANCE GUIDE:

1. Locate quality control data sheets.
2. Identify physical therapy equipment test results.
3. Record quality control information on quality control data sheets in a clear, concise and legible manner.
4. Give completed quality control data sheets to department supervisor for review.
5. Make two copies of quality control data sheet.
6. Place original quality control data sheet in department quality control book.
7. Send copy of quality control data to quality control personnel.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 16

TASK: Compile information for quality assurance studies.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy procedures and treatments given must be statistically counted and recorded on daily and monthly information sheets. All recorded information must be accurate and legible.

CONDITIONS FOR PERFORMANCE OF TASK:

Attendance cardex
Daily summary sheet
Quality assurance long forms
Quality assurance short forms
Patient charge slip (retained)
Quality assurance book (spiral notebook)

PERFORMANCE GUIDE:

1. Locate department information files:
   - A. Daily summary sheets for the whole month.
   - B. Patient attendance cardex.
   - C. Patient charge slips.
   - D. Quality assurance short forms.
   - E. Quality assurance long forms (inpatient, outpatient, rehabilitation and skilled care).
2. Calculate how many physical therapy treatments were given from patient records and summary sheets.
   - A. Calculations for each day.
   - B. Calculations for the month.
3. Identify type of quality assurance form to use:
   - A. Short form.
   - B. Long form.
4. Record calculated treatment information on quality form.
5. Verify quality assurance studies for accuracy.
6. Assemble all completed quality assurance forms.

PERFORMANCE GUIDE (cont.)

7. Make two copies of each form.
8. Place original form in quality assurance notebook.
9. Send copy of form to quality assurance personnel.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 17

TASK: Review physician's orders.

STANDARD OF PERFORMANCE OF TASK:

Physician's diagnosis of patient's problem and requested physical therapy treatment must be identified, verified and understood so that the assistant's/aide's interpretation is the same as the physical therapist's interpretation. Changes in diagnosis from previous physical therapy treatment must be identified and verified with physical therapist prior to continuing physical therapy treatments. Physician requesting physical therapy treatment that is contraindicated or inadvisable must be reported to the chief physical therapist immediately.

CONDITIONS FOR PERFORMANCE OF TASK:

Desk
Chair
File cabinet
Patient's chart/medical records
Physician's orders/treatment plan

PERFORMANCE GUIDE:

1. Review patient's medical records.
2. Read physician's diagnosis of patient's problem and requested physical therapy treatment.
3. Compare your interpretation to the physical therapist's interpretation and planned physical therapy treatment.
4. Identify changes in physician diagnosis from previous physical therapy treatment and discuss the changes with the physical therapist.

PERFORMANCE GUIDE (cont.)

5. Identify contraindicated or inadvisable requested physical therapy treatments and report them to the chief physical therapist immediately.
   CAUTION: Many physicians do not know about physical therapy and the damage that can be caused by improper use of physical therapy modality units and treatment. If you feel that the prescribed/requested treatment is contraindicated for any reason, you should refuse to treat the patient until the treatment has been verified with the chief physical therapist.
6. Verify that requested physical therapy treatment is available.
7. File physician's order.

SOURCE OF STANDARD:

Writing team of incumbent workers
Physical therapy procedures, selected techniques

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 18

TASK: Update attendance cardex.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy cardex cards must be created for each physical therapy patient. Patient information entered on a new cardex card must include patient's name, identification number, physician's name, physician's diagnosis and treatment plan. Patient's attendance information must be recorded on cardex card including date of treatment, treatment received, treatment cancellation, and treatment no-show. Information must be recorded in a legible and accurate manner.

CONDITIONS FOR PERFORMANCE OF TASK:

Calendar
File logs
Cardex card
Daily worksheet
Cardex card holder

PERFORMANCE GUIDE:

1. Determine patient status:
   A. New patient.
   B. Existing patient.
2. Create attendance cardex card for a new patient:
   A. Identify patient's personal information:
      (1) Patient's name.
      (2) Identification number.
      (3) Physician's name.
      (4) Physician's diagnosis.
      (5) Treatment plan.
   B. Record patient's personal history on a blank cardex card.
   C. Place completed cardex card in a card holder.
3. Locate existing patient's cardex card and remove from card holder.

PERFORMANCE GUIDE: (cont.)

4. Record attendance information on attendance cardex card:
    - A. Date of treatment.
    - B. Treatment received.
    - C. Treatment cancellation.
    - D. Treatment no-show.
5. Return updated attendance cardex card to designated card holder.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 19

TASK: Register physical therapy patients.

STANDARD OF PERFORMANCE OF TASK:

Patient prescription/physician's orders must be obtained and the patient directed to the admitting office to acquire outpatient form and identification card. Patient chart and attendance card must be created for patient. Patient's name must be entered in daily log.

CONDITIONS FOR PERFORMANCE OF TASK:

Outpatient form
Attendance card
Daily record log
Physician's orders
Patient chart/folder
Patient prescription

PERFORMANCE GUIDE:

1. Obtain prescription/physician's orders from patient.
2. Direct patient to admitting office for outpatient form and card completion.
3. Record patient's name on daily log.
4. Prepare patient chart and attendance card for patient:
    - A. Patient name.
    - B. Patient's identification number.
    - C. Physician's name.
    - D. Diagnosis.
    - E. Date patient started therapy.
5. Create patient progress note sheet and place in chart:
    - A. Patient's name.
    - B. Age.

PERFORMANCE GUIDE: (cont.)

   C. Telephone number.
   D. Address.
   E. Physician's name.
   F. Diagnosis.
   G. Treatment to be given.
6. File patient's newly created file.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 20

TASK: Assist patient with Medicare insurance forms.

STANDARD OF PERFORMANCE OF TASK:

All Medicare insurance outpatient claims must be reported at the end of each month. Medicare forms must be completed including: patient's name, hospital number, attendance record, patient's daily progress notes, diagnosis, number of treatments given, physician's name and the monthly progress summary paragraph. The therapist and/or assistant must sign report and return it to the hospital's Medicare insurance personnel.

CONDITIONS FOR PERFORMANCE OF TASK:

Medicare forms
Patient's chart
Patient's cardex
Daily summary sheets
Typewriter/correctable ribbon

PERFORMANCE GUIDE:

1. List all Medicare outpatients on separate sheet.
2. Locate patient's chart and daily summary sheet for the month.
3. Obtain Medicare forms from supply or purchasing.
4. Record insurance information on medicare form:
   A. Patients name.
   B. Hospital number.
   C. Diagnosis.
   D. Physicians name.
   E. Attendance.
   F. Treatments given and how many.
   G. Monthly progress summary paragraph.
   H. Date of onset.
5. Sign name in the bottom corner of the medicare form.

PERFORMANCE GUIDE (cont.)

6. *Make two copies of patient's Medicare form:*
    - A. Give original copy to Medicare personnel.
    - B. Save other copy for patient chart.

SOURCE OF STANDARD:

Writing team of incumbent workers

PERFORMANCE OBJECTIVE NO. 21

TASK: Set up and revise sign-in sheets.

STANDARD OF PERFORMANCE OF TASK:

Sign-in sheets must provide physical therapy department with attendance/visitation information including date, time and patient's/visitor name.

CONDITIONS FOR PERFORMANCE OF TASK:

Typewriter
Sign-in sheets

PERFORMANCE GUIDE:

1. Identify information needed on sign-in sheets:
   - A. Date.
   - B. Patient's name.
   - C. Time of arrival.
   - D. Purpose of visit.
2. Arrange information in a logical sign-in sheet format.
3. Submit revised sign-in sheet to chief physical therapist for review and approval.
4. Make copies of the approved sign-in sheet.
5. Place blank sign-in sheets at department reception desk.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 22

TASK: Attend Individualized Education Program (IEP) meetings.

STANDARD OF PERFORMANCE OF TASK:

Physical Therapist Assistant/Aide must arrive at the Individualized Education Program meeting on time and must present pertinent physical therapy information in a clear and concise manner.

CONDITIONS FOR PERFORMANCE OF TASK:

Progress notes
Evaluation schedule
Parent consent forms
Physician's prescription
Physical therapy reports
Individualized education program meeting schedule

PERFORMANCE GUIDE:

1. Note time, date and place of meeting.
2. Check evaluation schedule.
   NOTE: Arrange for any upcoming evaluation to be performed prior to Individualized Education Program meeting.
3. Make copies of evaluation report for meeting participants.
4. Check student's chart for:
   A. Past Physical Therapy evaluations up to two years prior.
   B. Present school year's progress notes.
   C. Signed parent consent form.
   D. Signed physician's prescription form.
      NOTE: If these two forms are expired or about to expire, take new forms to be given to parent.
5. Write Physical Therapy summary of yearly services and progress report if required by school guidelines.
   NOTE: Have typed copies made prior to meeting.

PERFORMANCE GUIDE:(cont.)

6. Arrive at meeting with above materials and note paper and pen, approximately 10 minutes prior to meeting.
7. Listen to information presented.
8. Give summary of services to date including recent evaluations, summary of student's behavior and progress made.
9. Answer any questions or arrange for therapist to contact parents.
10. Note all new information or requests for changes in services.
11. Give parents new forms to be signed by them or physician if necessary.
12. Sign IEP/MDC forms as a participant in meeting.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 23

TASK: Proofread, copy, and distribute evaluations.

STANDARD OF PERFORMANCE OF TASK:

Evaluations must be typed in a clear, concise and legible manner. Correct number of copies must be made and distributed to designated department personnel.

CONDITIONS FOR PERFORMANCE OF TASK:

Copy machine
Patient's file
Evaluation reports

PERFORMANCE GUIDE:

1. Proofread newly typed evaluation reports for errors and note corrections.
   NOTE: If necessary contact therapist for clarifications.
2. Return evaluation report to secretary for corrections.
3. Proofread corrected evaluation for accuracy of corrections.
4. Obtain therapist signature or sign and initial as per department guidelines.
5. Make number of copies needed.
6. Distribute copies to designated department personnel.
7. File copies of evaluations.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 24

TASK: Maintain monthly/yearly treatment log.

STANDARD OF PERFORMANCE OF TASK:

The number of different therapy evaluations and treatments performed by the physical therapy department must be recorded in the monthly/yearly treatment logs each month, including treatment name, total number of treatments, total case load, treatment results, date of log entry and recorder's signature or initials.

CONDITIONS FOR PERFORMANCE OF TASK:

File cabinet
Patient's chart
Department therapy log
Monthly/yearly treatment log

PERFORMANCE GUIDE:

1. Locate monthly/yearly treatment log.
2. Assemble daily treatment logs for the month.
3. Identify the different types of therapy procedures performed.
4. Log the number of patients treated.
5. Compile total number of each therapy procedure performed.
6. Record procedure numbers on monthly/yearly treatment log.
   NOTE: Make a copy of the total treatments and send to accounting each month.
7. Sign or initial the log entry.
8. File the treatment log.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 25

TASK: Screen patient for physical therapy evaluation.

STANDARD OF PERFORMANCE OF TASK:

Answers to general health questions must be obtained from the patient prior to evaluation by the therapist. Patient must be positioned and prepared for evaluation examination.

CONDITIONS FOR PERFORMANCE OF TASK:

Gown
Rolls
Booth
Plinth
Sheets
Chairs
Pillows
Prescription
Stepping stool
Patient's chart
Outpatient form

PERFORMANCE GUIDE:

1. Prepare booth for new patient evaluation.
2. Verify patient's name.
3. Acquire patient's prescription and outpatient forms.
4. Ask patient about general health, what the problem is, and where the pain is.
5. Direct patient to booth and ask if patient needs assistance with putting gown on.
6. Assist patient on plinth.
7. Position and drape patient for evaluation.

PERFORMANCE GUIDE: (cont.)

8. Verify that patient is comfortable and explain that therapist will be there to conduct evaluation shortly.
9. Notify therapist that patient is ready for evaluation.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 26

TASK: Complete travel reimbursement form.

STANDARD OF PERFORMANCE OF TASK:

The travel reimbursement form must include time and date of travel, beginning point, destination, mileage, purpose of travel, and supportive documentation. Mileage figures must be calculated and the signed and dated form must be forwarded to the administrative staff.

CONDITIONS FOR PERFORMANCE OF TASK:

Calendar
Calculator
Travel records/documents
Travel reimbursement form
Writing instrument or typewriter
List of pre-determined distances

PERFORMANCE GUIDE:

1. Identify period of time for which reimbursement form is to be completed:
   A. Weekly.
   B. Monthly.
   C. Not specified.
2. Write, type or print travel information on reimbursement form:
   A. Date of travel.
   B. Starting point and destination.
   C. Miles traveled.
   D. Other expenses.
   NOTE: Mileage to commonly visited locations may have been pre-determined by agency administration.
3. Calculate total mileage and amount to be reimbursed.
4. Attach required receipts or other supportive documents.
   NOTE: Supportive documents should be copied prior to release of original.

PERFORMANCE GUIDE: (cont.)

5. Sign and date the form.
6. Submit completed travel reimbursement form to department director for approval.
7. Make copies of approved travel reimbursement form and supportive documents.
8. Forward original reimbursement forms and support documents to accounting department.
9. File one copy in department records.
10. Give one copy to traveler.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 27

TASK: File patient's records.

STANDARD OF PERFORMANCE OF TASK:

Patient's file must contain physician's diagnosis/order, patient's treatment plan, physical therapy evaluation results, program plan, progress notes, and discontinuation note as applicable. Material for inclusion in patient's records must be permanent pertinent documents.

CONDITIONS FOR PERFORMANCE OF TASK:

Files
Filing system
Patient's records
Patient treatment plan
Physician's diagnosis/order
Departmental filing regulations
Physical therapy evaluation report

PERFORMANCE GUIDE:

1. Locate patient's file.
2. Identify patient's documents by:
   A. Patient's name.
   B. Patient's identification number.
3. Evaluate patient's documents for appropriateness of inclusion in patient's file.
   NOTE: Some records may not be added to patient's file without notification of other practitioners.
4. Notify supervisor of materials that are inappropriate for inclusion in patient's files.
5. Insert documents that are to become a permanent part of the patient's records into the patient's file.

PERFORMANCE GUIDE (cont.)

6. Return patient's file to storage location according to filing system:
    - A. Alphabetical.
    - B. Numerical.
    - C. Color code.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS

PERFORMANCE OBJECTIVE NO. 28

TASK: Maintain record of physical therapy equipment on loan.

STANDARD OF PERFORMANCE OF TASK:

Record of physical therapy equipment on loan must include equipment name, identification serial number, quantity loaned, name and address of borrower, date borrowed, anticipated return date and borrower's signature.

CONDITIONS FOR PERFORMANCE OF TASK:

Physical therapy equipment
Physical therapy equipment loan file

PERFORMANCE GUIDE:

1. Locate physical therapy equipment loan file.
2. Identify physical therapy equipment to be loaned out.
3. Record equipment information on loan record form:
   A. Equipment name.
   B. Equipment identification/serial number.
   C. Equipment condition.
4. Record borrower's information on loan record form:
   A. Borrower's name.
   B. Borrower's address.
   C. Quantity borrowed.
   D. Date borrowed.
   E. Anticipated return date.
   F. Borrower's signature.
   G. Date return.
   H. Returned equipment condition.
5. Return physical therapy equipment loan file to storage area.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 29

TASK: Assess patient's response to therapy treatment.

STANDARD OF PERFORMANCE OF TASK:

Patient's facial expressions, body language, tone of voice, conversation information, contraindications and assistance required must be observed and assessed. Abnormalities, unusual behavior or contraindications must be reported to physical therapist.

CONDITIONS FOR PERFORMANCE OF TASK:

Note pad

PERFORMANCE GUIDE:

1. Verify patient's identification.
2. Observe patient's therapy activities.
3. Talk with patient mentally noting:
   A. Tone of voice.
   B. Facial expression.
   C. Body language.
   D. Answers to questions.
   E. Attitude towards therapy.
   F. Contraindications.
4. Compare previous behavior and attitude to see if changes have occurred.
5. Assess all observations.
6. Determine if treatment is accomplishing objective.
7. Stop or modify treatment in response to any unusual conditions of behavior or appearance and report immediately to physical therapist.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 30

TASK: Collect therapy data for patient's file.

STANDARD OF PERFORMANCE OF TASK:

Therapy data reports and forms required for patient's physical therapy file must be completed according to state, local and departmental regulations.

CONDITIONS FOR PERFORMANCE OF TASK:

Desk
Chair
Reports
File forms
File cabinet
Patient's file
Patient's identification information

PERFORMANCE GUIDE:

1. Identify information/data to be recorded.
2. Locate forms or reports needed.
3. Follow state, local and departmental regulations and instructions for collecting patient's data.
4. Organize information.
5. Record information/data legibly and concisely.
6. Submit patient's file for physical therapist's and physician's review.
7. Return patient's file to storage location.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 31

TASK: Prepare therapy information sheets/booklets for patient and family.

STANDARD OF PERFORMANCE OF TASK:

Therapy information sheets/booklets must provide the patient with an explanation of the procedure, possible side effects and instructions/directions to be followed prior to the therapy procedure and after the therapy procedure. Explanations or instructions and directions must be complete, concise and legible.

CONDITIONS FOR PERFORMANCE OF TASK:

Paper
Copy machine
Procedure resource materials

PERFORMANCE GUIDE:

1. Identify physical therapy procedure needing information sheet.
2. Assemble therapy procedure information and materials.
3. Create patient information sheet/booklet:
   A. Therapy procedure explanation.
   B. Pre-therapy instruction/directions.
   C. Post-therapy instruction/directions.
   D. Contraindications and warning signs.
   E. Note contact person's name and phone number.
4. Distribute patient information sheet to incumbents and physicians for review.
5. Revise information sheet after review by incumbents/physicians.
6. Print the information sheets and file them for distribution at the time of scheduling.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 32

TASK: Provide therapy instructions to patient.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy instructions must be clear, concise and presented in the manner best suited for patient's communication mode. Patient must comprehend the therapy instructions so that the patient can repeat or demonstrate the instructions back to the assistant/aide.

CONDITIONS FOR PERFORMANCE OF TASK:

Gown
Booth
Step stool
Treatment plan
Patient's chart
Physical therapy equipment
Physician's prescription for patient

PERFORMANCE GUIDE:

1. Locate patient's chart.
2. Review patient's chart and treatment plan prior to patient's arrival.
3. Greet and communicate with patient about:
    A. Family.
    B. Work.
    C. Day activities.
    D. Weather.
    E. Physical condition:
        (1) After last treatment.
        (2) Present.
            NOTE: A pleasant greeting and short conversation can make the patient feel more at ease with the assistant/aide and more comfortable about the treatment to come.
4. Explain physical therapy treatment to be received:
    A. Purpose of treatment.
    B. Indications of treatment.
    C. Contraindications of treatment.

PERFORMANCE GUIDE: (cont.)

5. Communicate therapy instructions to patient:
    A. Explain therapy instructions:
        (1) Assistant's/aide's part.
        (2) Patient's part.
    B. Demonstrate therapy procedure steps:
        (1) Assistant's/aide's part.
        (2) Patient's part.
    C. Explain importance for patient to advise assistant/aide immediately if pain or discomfort is experienced.
6. Verify that patient understands therapy instructions:
    A. Answer patient questions.
    B. Have patient repeat their part of therapy instructions.
    C. Have patient demonstrate their part of therapy procedure steps.
7. Notify therapist that patient is ready for therapy.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 33

TASK: Write physical therapy reports (progress notes).

STANDARD OF PERFORMANCE OF TASK:

Physical therapy report must provide up-to-date information concerning the patient's condition, subjective complaints, changes or additions to treatment plan and goals, and inform other personnel of patient's progress in physical therapy. Physical therapy reports must be accurate, concise and legible. The report must be signed and dated by the preparer.

CONDITIONS FOR PERFORMANCE OF TASK:

Paper
Patient chart
Treatment plan

PERFORMANCE GUIDE:

1. Locate patient's chart.
2. Determine which type of report is needed.
3. Compile physical therapy report information:
   A. Date.
   B. Subjective information:
      (1) Patient comments about treatment.
      (2) Patient comments about injury or deficiencies.
      (3) Comments pertinent to patient's physical therapy plan or treatment.
      (4) History.
      (5) Physician's order.
   C. Objective information (i.e. information measurable or observable by other personnel):
      (1) Treatment given (time, position, location, intensity).
      (2) Patient response to treatment.

PERFORMANCE GUIDE (cont.)

      (3) Measurements ROM, MMT.
      (4) Patient orientation.
      (5) Test results.
      (6) Sensitivity.
    D. Assessment: Therapist's opinion of patient condition and reaction to treatment and suggestions for treatment:
      (1) Patient diagnosis.
      (2) Patient tolerance of treatment.
    E. Plan: Plan for patient physical therapy treatment:
      (1) How many times seen:
        a. Daily.
        b. B/D (2 times a day).
        c. T/D (3 times a day).
        d. 2 times per week.
        e. 3 times per week.
      (2) Patient continues treatment or discontinues treatment.
      (3) Duration of treatment.
      (4) Goals of therapy: purpose of each treatment.
4. Organize information.
5. Write physical therapy report in an accurate, concise and legible manner.
6. Sign physical therapy report with your name and occupational status.
7. Forward physical therapy report to physical therapist for review and signature.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 34

TASK: Write discharge (DC) note.

STANDARD OF PERFORMANCE OF TASK:

Discharge note must provide information concerning type of treatment provided, duration of treatment, patient subjective information, goals met, patient progress, reason for discharge, and discharge plan. Discharge note must be accurate, concise and legible. Discharge note must be signed and dated by preparer.

CONDITIONS FOR PERFORMANCE OF TASK:

Paper
Patient chart
Treatment plan

PERFORMANCE GUIDE:

1. Locate patient chart.
2. Give brief summary of treatment given:
    - A. Duration of treatment.
    - B. Modalities treatment given.
    - C. Amount patient was seen:
        - (1) Daily.
        - (2) B/D (2 times a day).
        - (3) T/D (3 times a day).
        - (4) 3 times per week.
    - D. Patient subjective information.
    - E. Goals and if met.
    - F. Reason for patient discharge.
    - G. Patient progress from physical therapy treatment.
    - H. Plan for discharge.
      Note: If patient is being discharged from hospital, write where they are going and further therapy recommendations.

PERFORMANCE GUIDE (cont.)

3. Sign and date discharge note.
4. Forward to physical therapist to co-sign.
5. Send copy to physician to make aware of discharge from physical therapy.
6. Place original discharge note in patient's file.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 35

TASK: Utilize department telephone.

STANDARD OF PERFORMANCE OF TASK:

Department telephone business must be conducted in a courteous and professional manner. Assistant/aide's voice must be clear and audible over the telephone. Telephone messages must be noted including name of person to receive message, name of caller, date of call, time of call, message and initials of person taking the message.

CONDITIONS FOR PERFORMANCE OF TASK:

Telephone
Telephone message pad
Phone book/telephone directory
Listing of frequently called numbers (Rolodex, phone-pal, etc.)

PERFORMANCE GUIDE:

1. Locate department telephones.
2. Identify type of telephone:
    - A. Rotary dial.
    - B. Push button.
3. Place a telephone call:
    - A. Locate the phone number of the person being called:
        - (1) Phone number list.
        - (2) Phone directory.
        - (3) Directory assistance.
    - B. Dial the number following institution guidelines.
    - C. Wait for other party to acknowledge connection.
    - D. Speak clearly, audibly, and politely to other party.
        - (1) Identify yourself:
            - a. Name.
            - b. Position.
            - c. Department/institution affiliated with.

PERFORMANCE GUIDE: (cont.)

      - (2) Identify party that you wish to speak to.
      - (3) Obtain or verify information.
- 4. Receive a telephone call:
  - A. Recognize phone signal for incoming call.
  - B. Determine line in which call is on.
    - (1) Flashing light or button.
    - (2) Audible signal.
    - (3) Operator directions.
  - C. Select line and pick up receiver.
  - D. Identify yourself and department.
  - E. Identify nature of the call:
    - (1) Request for information.
      - a. Speak clearly, audibly, and politely.
      - b. Provide caller with information in accordance with department guidelines.
      - c. Place caller on hold and get someone who can provide information.
    - (2) Message for another person.
      - a. Transfer call to designated person.
      - b. Record the name of caller, name of person to receive message, date of call, time of call, message and initials of person taking message.
- 5. Verify all information given or received.
- 6. Conclude call by saying good-bye pleasantly and hanging up receiver.
- 7. Document long distance call in accordance with physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 36

TASK: Utilize department intercom or pager.

STANDARD OF PERFORMANCE OF TASK:

Intercom signals must be responded to immediately. All messages must be written in legible writing and include the caller's name, the name of the person the message is for, the date and time of message, the message, and the name of the person who took the call.

CONDITIONS FOR PERFORMANCE OF TASK:

Call list
Message pad
Intercom/phone/pager

PERFORMANCE GUIDE:

1. Activate the equipment:
    A. Wall intercom:
        (1) Press talk button and speak loudly and clearly.
        (2) Release button and listen.
    B. Phone intercom:
        (1) Push intercom button or seek operator assistance.
        (2) Pick up phone receiver and talk or listen.
2. Respond to intercom/pager signal:
    A. Identify yourself and offer assistance.
    B. Record message or respond to directions.
    C. Locate person needed or deliver message.
    D. Seek assistance of supervisor if needed.
3. Return intercom to inactive state when call is complete.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 37

TASK: Report patient therapy treatment information to physical therapist and other health care professionals.

STANDARD OF PERFORMANCE OF TASK:

Physical therapist or physician must be notified immediately of any change in patient's therapy treatment information including patient's comments, reaction to therapy, condition change and objective measurement change.

CONDITIONS FOR PERFORMANCE OF TASK:

Phone
Patient information
Communication skills

PERFORMANCE GUIDE:

1. Identify change in patient information or treatment plan considering:
    - A. Patient's subjective comments.
    - B. Reaction to treatment.
    - C. Patient condition change.
    - D. Objective measurement change (i.e. decreased strength, decreased ROM, decreased ambulation).
2. Notify physical therapist by phone or in person and explain contents of patient information.
3. Notify physician by phone, page, or in person of patient change in condition.
4. Carry out physician's or physical therapist's suggestions regarding patient.
5. Document consultation with physician or physical therapist.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 38

TASK: Greet patients and visitors.

STANDARD OF PERFORMANCE OF TASK:

Patients and visitors must be acknowledged in a pleasant manner, identified, signed in, seated and informed in regard to approximately how long before the therapist or assistant will see them.

CONDITIONS FOR PERFORMANCE OF TASK:

Department treatment log
Department sign-in sheet

PERFORMANCE GUIDE:

1. Observe when patient or visitor arrives.
2. Acknowledge the person in a pleasant manner.
3. Identify the person's name and purpose of visit.
4. Verify patient's/visitor's appointment.
5. Sign in patient/visitor.
6. Address person by name.
7. Inform patient/visitor where to be seated and offer reading material.
8. Notify department staff of patient's/visitor's arrival.
9. Inform person as to length of wait before seeing therapist.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 39

TASK: Provide information on possible side effects of treatment.

STANDARD OF PERFORMANCE OF TASK:

Patient's fears and apprehensions concerning treatment effects must be minimized by means of information sheets, pamphlets, brochures, films or verbal communication. Instructions for coping with side effects must be clear, understandable and communicated in the manner best suited for patient's condition and special needs.

CONDITIONS FOR PERFORMANCE OF TASK:

Chairs
Table/desk
Physician's orders
Patient's chart/treatment plan
Area for private conversation
Treatment information (information sheets, pamphlets, brochures, films, etc.)

PERFORMANCE GUIDE:

1. Review patient's chart/treatment plan.
2. Identify possible side effects of treatment:
   A. Sensations:
      (1) Tingling.
      (2) Burning.
      (3) Cold.
      (4) Pain.
      (5) Stiffness.
      (6) Numbness.
      (7) Tenderness.
   B. Physical changes:
      (1) Skin discoloration.
      (2) Skin peeling.
      (3) Functionability loss (casts, braces, splints).

PERFORMANCE GUIDE (cont.)

        (4) Mobility loss (wheelchairs, crutches, walkers, etc.).
        (5) Muscle contractions, spasms and soreness.

3. Assemble treatment information for patient's review.
4. Schedule time to talk to patient privately.
5. Arrange for a quiet, comfortable and private place for meeting.
6. Greet patient and escort them to meeting area.
7. Explain treatment and possible side effects to patient.
8. Review written treatment information with patient:
    - A. Information sheets.
    - B. Pamphlets.
    - C. Brochures.
    - D. Books.
    - E. Films.
9. Answer patient's questions clearly and in a positive, reassuring manner.
10. Advise patient to report side-affects to physical therapy staff.
11. Reassure patient concerning the treatment and possible side effects.
    NOTE: If necessary, have physical therapist talk with patient.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 40

TASK: Explain indications and contraindications of physical therapy treatment.

STANDARD OF PERFORMANCE OF TASK:

Patient must comprehend the indications and contraindications that they are experiencing due to the physical therapy treatment received. Physical therapist/physician must be notified of any contraindications due to treatment.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient chart
Patient history
Patient diagnosis
Communication skills
Determined treatment plan
List of treatment indications
List of treatment contraindications

PERFORMANCE GUIDE:

1. Identify patient diagnosis and medical history.
2. Select modalities to be used.
3. Explain to patient why this treatment is being used for their condition.
4. Explain effects of treatment on their condition.
5. Explain goals and duration of treatment for their condition.
6. Identify contraindications for treatment being given.
7. Establish if patient has any contraindications.
8. Correct contraindication if possible (i.e. removal of jewelry).
9. Contact physical therapist or physician about treatment plan if contraindications are identified.
   NOTE: Do not provide treatment until approval is received.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 41

TASK: Instruct family members on home care procedures.

STANDARD OF PERFORMANCE OF TASK:

Family members must be informed of home care procedures according to physician's/physical therapist's orders. Instructions must be courteous, clear and concise.

CONDITIONS FOR PERFORMANCE OF TASK:

Family members
Pre-written instructions
Treatment log/appointment book
Treatment plan/physician's orders
Any equipment to be demonstrated

PERFORMANCE GUIDE:

1. Review treatment plan.
2. Verify appointment for instruction with family.
   NOTE: Instructions should be given at time convenient for family members and department staff involved.
3. Verify identification and insure privacy.
4. Explain home care procedures in simple terms in a clear, concise, courteous manner.
5. Demonstrate equipment involved.
6. Allow time for questions and practice by family members.
7. Monitor family members' practice, make suggestions, and answer questions.
8. Provide family members pre-written instructions.
9. Provide further references in case of later questions:
   A. Department phone number.
   B. Emergency phone numbers.

PERFORMANCE GUIDE:

10. Record date/time/details of training session in patient's chart/records.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 42

TASK: Explain equipment home usage to patient.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy equipment usage must be explained and demonstrated to patient as indicated by the physical therapy treatment plan. Home usage procedure demonstration must be clear, concise and presented so that the patient can repeat the procedure back to the assistant/aide.

CONDITIONS FOR PERFORMANCE OF TASK:

Family member
Physical therapy equipment
Treatment plan/physician's orders

PERFORMANCE GUIDE:

1. Review patient's treatment plan.
2. Greet patient and family member and verify identity.
3. Escort patient and family member to treatment booth or private room.
4. Explain to both family member and patient the home usage procedures of the equipment in accordance with the treatment plan.
5. Demonstrate home use procedures to the patient while the family member is watching.
6. Monitor patient and family member while they practice using the physical therapy equipment to be used at home.
7. Answer questions patient or family member has pertaining to home usage procedures:
    A. Treatment plan.
    B. Indications/contraindications.
    C. Equipment usage.
    D. Equipment maintenance.
    E. Equipment supplies.
    F. Emergency contacts.
    G. Equipment warranty.

PERFORMANCE GUIDE: (cont.)

8. Provide patient with written documentation of home usage procedures for equipment.
9. Ensure patient comfort with equipment usage procedures.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 43

TASK: Record treatment coding on records, treatment plan, and daily workload log.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy treatment coding must be identified and entered legibly and on a timely basis in accordance with the physical therapy department guidelines.

CONDITIONS FOR PERFORMANCE OF TASK:

Desk
Chair
Patient records
Daily work load chart
Patient treatment plan
Physical therapy treatment code list

PERFORMANCE GUIDE:

1. Locate treatment code list and the document needing physical therapy treatment coding.
2. Verify patient's identification and the treatment received.
3. Identify physical therapy department's coding for treatments received.
   NOTE: Treatment coding often varies from institution to institution. Always use the codes established by your physical therapy department guidelines.
4. Enter the treatment codes in the document.
5. Return physical therapy code list to storage area.
6. File or forward coded document according to department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 44

TASK: Communicate with hearing impaired patient.

STANDARD OF PERFORMANCE OF TASK:

Patient must comprehend information communicated such that they can demonstrate procedure or repeat information back to assistant/aide. Patient's communication frustration must be recognized and adjustments made to avoid patient humiliation.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient medical records
Patient's chart/treatment plan

PERFORMANCE GUIDE:

1. Check patient's records to determine degree of hearing loss and primary means of communication if known.
2. Greet patient and verify identification.
3. Look directly at and get attention of hearing-impaired patient before speaking.
4. Identify the most efficient means of communication considering the communication skills of both patient and assistant/aide:
    - A. Oral communication and speechreading (lip reading).
      NOTE: Remember to face patient to allow for speechreading.
    - B. Total communication and speechreading (Oral communication and signing).
    - C. Written communication.
    - D. Gesture and illustrations of exercises/procedures.
    - E. Combination of above communication styles.
5. Arrange for an interpreter if communication between patient and assistant/aide is not possible.

PERFORMANCE GUIDE: (cont.)

6. Maintain a relaxed, calm attitude toward patient.
7. Provide understanding and encouragement throughout communication process.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 45

TASK: Instruct visually impaired patient.

STANDARD OF PERFORMANCE OF TASK:

Patient must comprehend information communicated such that they can demonstrate procedure or repeat information back to assistant/aide.

CONDITIONS FOR PERFORMANCE OF TASK:

Treatment plan
Patient's records

PERFORMANCE GUIDE:

1. Check patient's records to determine degree of loss if known.
2. Greet patient and verify identification.
   NOTE: Make sure patient is aware of your presence before making physical contact.
3. Identify the most efficient means of communication considering the patient's degree of visual loss.
   A. Oral communication.
   B. Oral communication and gestures.
   C. Oral communication and physical assistance.
4. Identify the degree of assistance needed to transport patient to therapy department.
5. Orientate patient to layout of treatment booth/room.
6. Explain procedure to patient verbally.
7. Assist patient with exercise/procedure, physically positioning and assisting as necessary.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 46

TASK: Assist mentally impaired patient.

STANDARD OF PERFORMANCE OF TASK:

Communication with mentally disabled patient must be direct, open, and honest. Comprehension of information and directions must be verified as needed. Familiar vocabulary must be used. Information must be charted and/or reported as required by physical therapy department.

CONDITIONS FOR PERFORMANCE OF TASK:

Treatment plan
Patient's records

PERFORMANCE GUIDE:

1. Review patient's chart to identify successful communication techniques that have been used in communicating with patient in the past.
2. Use vocabulary that is simple and familiar to the patient.
3. Face patient and maintain eye contact when speaking to patient.
4. Use body language to help convey message.
5. Provide information and answer questions in a direct, open and honest style.
   NOTE: Do not make assumptions that the patient may or may not comprehend because of mental impairment.
6. Verify patient's understanding of information and directions.
7. Chart and/or report information as required.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 47

TASK: Assist physically impaired patient.

STANDARD OF PERFORMANCE OF TASK:

Physically impaired patient must be provided a comfortable and safe environment in which to maneuver and receive physical therapy treatment in accordance with the physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Gown
Gait belt
Wheelchair
Step stool
Exercise mat
Treatment plan
Patient's chart
Physical therapy equipment

PERFORMANCE GUIDE:

1. Review patient's chart to identify extent of patient's physical impairment.
2. Greet patient and verify patient's identification.
3. Question patient on his ability to transfer, do daily living activities, dressing and ambulation.
4. Assist patient with dressing into gown.
5. Push wheelchair patient to exercise mat and help patient to transfer from chair to mat by using gait belt.
6. Position patient for treatment/exercise.
7. Move patient's impaired body parts in accordance with treatment plan.
8. Reassure and encourage patient during treatment.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 48

TASK: Assist medicated patient.

STANDARD OF PERFORMANCE OF TASK:

Medicated patient who has become disoriented or hysterical must be calmed, reassured, and oriented in a nonthreatening manner and atmosphere. Physician, therapist or other medical assistance must be secured immediately for hysterical patient. Medicated patients must be observed and supervised at all times while in department.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Physician's orders/treatment plan

PERFORMANCE GUIDE:

1. Verify patient's identification.
2. Identify type of medication patient is taking and contraindications associated with medication.
3. Assess patient's condition:
   A. Hysterical patient.
      (1) Send for physician or other medical assistance.
      (2) Move or escort patient to private room/area.
      (3) Reassure patient:
         a. Remain calm and speak gently.
         b. Orient patient to surroundings (time, place, etc.).
         c. Listen to patient's statements.
      (4) Turn patient's statement(s) into question(s) so that fears may be discussed.
      (5) Restrain patient if necessary to prevent injury to himself/herself or staff members.
      (6) Remain with patient until medical assistance arrives or until relieved by another staff member.

PERFORMANCE GUIDE: (cont.)

- B. Disoriented patient:
  - (1) Orient patient in terms of:
    - a. Time.
    - b. Person.
    - c. Place.
    - d. Reason for being there.
  - (2) Answer patient's questions.
  - (3) Give simple precise instructions.
  - (4) Convey day, date, and time whenever relevant during assistance.
  - (5) Observe to see that patient has understood message and can follow instructions or commands.
  - (6) Observe and reassure patient frequently.
  - (7) Repeat instructions or commands as necessary.
- 4. Supervise or observe medicated patient at all times while in physical therapy department.
- 5. Chart incident information according to physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers
Nursing skills of clinical practices

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 49

TASK: Communicate information to a family member of a special needs patient.

STANDARD OF PERFORMANCE OF TASK:

Patient's family members must be notified of any specialty items the patient will be needing to complete the treatment plan. Arrangements must be made with patient's family members so that specialty items are available prior to patient's first treatment.

CONDITIONS FOR PERFORMANCE OF TASK:

Phone
Patient file
Treatment plan
Specialty items
Patient information chart

PERFORMANCE GUIDE:

1. Telephone or verbally instruct family member on specialty items needed for patient to receive treatment.
2. Obtain from family member special clothing or shoes for patient to wear.
3. Mark patient's specialty items and store for later use.
4. Record specialty items and storage location on patient's records.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 50

TASK: Participate in multidisciplinary (care plan) meetings.

STANDARD OF PERFORMANCE OF TASK:

The meeting agenda must be reviewed prior to meeting. Needed physical therapy materials must be brought to meeting. Contributions/participation must be made when indicated during meeting.

CONDITIONS FOR PERFORMANCE OF TASK:

Agenda
Patient chart
Needed materials
Physician's orders
Patient treatment plan

PERFORMANCE GUIDE:

1. Confirm meeting:
    A. Date.
    B. Time.
    C. Location.
    D. Purpose.
2. Verify that meeting does not conflict with scheduled physical therapy treatments.
3. Review agenda:
    A. Note questions to ask.
    B. Note additional items to discuss.
4. Consult with chief physical therapist about patient's physical therapy information to be discussed in meeting.
5. Assemble needed materials for meeting.
6. Arrive at meeting with:
    A. Agenda.
    B. Needed materials.
    C. Other related items.
7. Make contributions during meeting.

PERFORMANCE GUIDE: (cont.)

8. Update physical therapy supervisor and staff concerning meeting outcome.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 51

TASK: Prepare parent reminders for prescription expiration and parent consent forms.

STANDARD OF PERFORMANCE OF TASK:

Parents must be informed of need for physician's prescription and parent consent forms necessary for physical therapy services. Notification must be made prior to expiration of any present forms and at regular intervals thereafter.

CONDITIONS FOR PERFORMANCE OF TASK:

Paper
Envelopes
Typewriter
Copy machine
Students' chart
Referral of new student
Blank prescription/parent consent forms
List of expiration dates of present students' forms

PERFORMANCE GUIDE:

1. List newly referred students.
2. List students whose prescription/parent consent will be expiring within 2 months (or longer according to school guidelines) along with date form will expire.
3. List students whose form(s) have already expired or prescription is still needed. Note how many times they have been notified (i.e. 2nd notice).
4. Record student name, teacher, school, file number, parent name, address for each listing, and which type of letter to be sent (i.e. first time letter/notice of impending expiration/reminder letter according to school guidelines).
5. Explain information to secretary and instruct secretary to:
    A. Type letter for each student according to school procedure.

PERFORMANCE GUIDE: (cont.)

B. Retain copy for records.
C. Include blank forms as necessary.
D. Type/stuff envelopes.
E. Note date letters are mailed.
F. Add postage/mail according to department regulations.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 52

TASK: Verify therapy consent form.

STANDARD OF PERFORMANCE OF TASK:

Patient's physical therapy file must contain therapy consent forms that have been signed and dated by both the patient (or guardian) and a witness according to physical therapy department guidelines.

CONDITIONS FOR PERFORMANCE OF TASK:

Blank consent forms
Physical therapy consent form
Patient's physical therapy file

PERFORMANCE GUIDE:

1. Locate patient's physical therapy file.
2. Locate consent form in patient's therapy file.
3. Check therapy consent form for dated patient's/guardian's and witness signatures and its expiration date.
   CAUTION: Check consent form prior to performing evaluations or therapy. Advise supervisor if consent form has not been signed or if past expiration date.
4. Obtain signatures on consent form.
5. Return consent form to patient's file.
6. File patient's chart.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: COMMUNICATING INFORMATION

PERFORMANCE OBJECTIVE NO. 53

TASK: Create informational displays.

STANDARD OF PERFORMANCE OF TASK:

Informational displays must present information clearly, be attractive, in good taste, approved by the supervisor and meet predetermined objectives.

CONDITIONS FOR PERFORMANCE OF TASK:

Calendars
Art supplies
Display area
Informational brochures
Lettering templates/supplies
Newspapers, magazine articles
Fasteners (tacks, staples, tape)

PERFORMANCE GUIDE:

1. Formulate the objectives of the display.
    A. Orientation information for patients:
        (1) Calendar/clock.
        (2) Seasonal display.
        (3) Holiday display.
        (4) Weather reports.
        (5) Treatment information.
        (6) Current events.
    B. Public relations display.
    C. Patient therapy schedule.
    D. Staff work schedule.
    NOTE: Display should attempt to convey only a limited amount of information.
2. Plan display:
    CAUTION: Displays that have small parts or sharp objects and can be reached by patients or visitors may create a safety hazard.
    A. Display location.
    B. Display size.
    C. Materials needed.

PERFORMANCE GUIDE: (cont.)

- D. Focal point:
    - (1) Bright colors.
    - (2) Converging lines.
    - (3) Bold lettering.
    - (4) Movement.
    - (5) Three dimensional objects.

      NOTE: A strong focal point is needed to attract attention, especially for patients with cognitive or visual impairments.

3. Secure approval of display objectives and/or plan with supervisor.
4. Schedule time to assemble display.
5. Collect needed materials.
6. Assemble display.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 54

TASK: Measure blood pressure.

STANDARD OF PERFORMANCE OF TASK:

The patient's blood pressure must be measured and both the systolic and diastolic recorded reading must be within + or - 4 points.

CONDITIONS FOR PERFORMANCE OF TASK:

Antiseptic
Stethoscope
Patient's chart
Sphygmomanometer
Patient identification bracelet

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure to the patient.
2. Clean ear pieces and diaphragm of stethoscope with antiseptic.
3. Identify patient and explain procedure.
4. Position patient's arm and wrap deflated sphygmomanometer cuff around upper arm:
   A. Place cuff two inches above elbow.
   B. Centered over brachial artery.
   C. Fasten cuff securely.
5. Position bell or disc of stethoscope over bronchial artery.
6. Measure and record systolic pressure:
   A. Close valve on air pump.
   B. Inflate cuff.
   C. Release cuff valve slowly.
   D. Listen for first thumping in stethoscope.
   E. Note sphygmomanometer indicator reading.
7. Measure and record diastolic pressure:
   A. Continue to release cuff pressure.
   B. Listen for sound to become muffled or stopped.
   C. Note sphygmomanometer indicator reading.
8. Release cuff air pressure.

PERFORMANCE GUIDE: (cont.)

9. Repeat steps three through six as necessary.
10. Remove cuff.
11. Ensure patient's comfort.
12. Clean equipment and return to storage.
13. Record systolic and diastolic blood pressure readings on patient's chart according to facility guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers
V-TECS radiologic technology catalog

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 55

TASK: Take pulse and respiration.

STANDARD OF PERFORMANCE OF TASK:

The patient's pulse and respiration results must be recorded with the pulse rate to within + or - 4 beats and the respiratory rate to within + or - 2 breaths.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Watch (with second hand)
Examination table or chair

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure to the patient.
2. Place patient's arm and hand, thumb up, in relaxed position.
3. Place 2 or 3 fingers on patient's radial artery.
4. Count beats for 20 seconds.
5. Multiply number of beats by 3 to obtain beats per minute.
6. Identify force, rhythm, and volume of pulse.
7. Record pulse rate and characteristics on patient's chart.
8. Observe patient's chest, count respirations for 30 seconds.
9. Multiply count by two for respiration per minute.
   NOTE: Count respiration for a full minute if irregularities in breathing are noted.
10. Record respiratory rate and characteristics on patient's chart, according to facility guidelines.
    NOTE: Report unusual observations immediately to supervisor.

SOURCE OF STANDARD:

Writing team of incumbent workers
V-TECS nuclear medicine catalog

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 56

TASK: Measure patient's height and weight.

STANDARD OF PERFORMANCE OF TASK:

Patient's height and weight must be measured, charted, and reported according to physical therapy department guidelines.

CONDITIONS FOR PERFORMANCE OF TASK:

Paper towel
Patient's chart
Physician's order
Agency's procedures
Soap, water, and towel
Scales with measuring device

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure.
2. Balance scales to zero and ensure that scale is stationary.
3. Place paper towel on scale platform.
4. Assist patient onto scales and steady.
   NOTE: Patient must not be leaning and holding supports during measurement.
5. Instruct the patient to stand erect.
6. Pull out the height lever from the scale and raise it above the patient's head.
7. Move the bar of the measuring scale down until it just touches the top of the patient's head.
8. Read the height of the patient.
9. Recheck the reading and record the patient's height in inches.
10. Elevate the height bar and return to the proper position.
11. Center the patient on the platform with his/her feet slightly apart.
12. Balance the scale and read the weight of the patient.

PERFORMANCE GUIDE: (cont.)

13. Recheck the reading and record the patient's weight in pounds.
14. Assist the patient off the scale.
15. Replace all equipment used.
16. Discard the paper towel.
17. Return weight beams to the zero positions.
18. Wash hands.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 57

TASK: Measure patient for pressure garment.

STANDARD OF PERFORMANCE OF TASK:

Measurements for pressure garment must be taken and a tape for each measurement labeled right or left. Measurement information must be transferred to a pressure garment order form and recorded.

CONDITIONS FOR PERFORMANCE OF TASK:

Tape
Form
Stool
Pillow
Scissors
Measuring tape
Patient's chart
Physician's prescription

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure to patient.
2. Place patient in booth.
3. Expose area to be measured.
4. Prop up extremity so tape can go completely around.
5. Attach tapes securely.
6. After area is measured, cut strips in appropriate places.
7. Label tape as to right or left if area is an extremity.
8. Help patient out of propped position.
9. Complete pressure garment order form.

PERFORMANCE GUIDE: (cont.)

10. Mail or call in order.
11. Inform patient as to approximate date of delivery of support.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 58

TASK: Assess patient body alignment.

STANDARD OF PERFORMANCE OF TASK:

Patient's body parts must be maneuvered and supported such that maximum body alignment is obtained.

CONDITIONS FOR PERFORMANCE OF TASK:

Pillows
Sandbags
Handrolls
Footboard
Bath towels
Overbed cradle
Lamb's wool pad
Patient's chart
Trochanter rolls
Heel and elbow protectors

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure.
2. Check patient to see that head is up, eyes straight ahead.
3. Check patient to see that neck and back are straight.
4. Check patient to see that arms are relaxed at sides.
5. Check patient to see that chest is up and out.
6. Check patient to see that abdomen is tucked in.
7. Check patient to see that knees are slightly flexed.
8. Check patient to see that feet are slightly apart, toes pointing forward.
9. Use supportive aids such as footboard, trochanter roll, pillows, handroll, to relieve any stress and strain on the muscles.
10. Use flexion in positioning to relieve stress and strain on the muscles.

PERFORMANCE GUIDE: (cont.)

11. Check to see that body alignment is maintained from side to side (laterally) and front-to-back (anterior-posterior).
12. Report observations regarding body alignment to therapist.
    NOTE: Poor body alignment if left unchecked will lead to deformity and disability of patient.
13. Record body alignment observations on patient's chart.
14. Return patient's file to storage location.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 59

TASK: Position patient for examination or treatment.

STANDARD OF PERFORMANCE OF TASK:

Patient must be positioned safely and comfortably for examination or treatment to be received, insuring patient's privacy at all times.

CONDITIONS FOR PERFORMANCE OF TASK:

Pillows or foam wedges
Patient's treatment plan
Drapings (sheets, towel, gowns)
Examination/treatment table or chair

PERFORMANCE GUIDE:

1. Identify the examination or treatment to be performed and positioning required.
2. Assemble equipment for positioning patient.
3. Identify patient and explain examination or treatment to them.
4. Explain to patient posture or behavior required during examination or treatment.
5. Assist patient into position:
   A. Identify body positioning needed:
      (1) Supine.
      (2) Prone.
      (3) Sitting
      (4) Standing.
      (5) Lateral/sims.
   B. Place patient in selected position.
   C. Align patient's body.
      (1) Adjust table, bed or chair.
      (2) Position supportive aids under patient's body parts:
         a. Pillows.
         b. Towels.

PERFORMANCE GUIDE: (cont.)

        c. Rolls.
        d. Sandbags.
        e. Footboards.
    (3) Position comfort aids for patient:
        a. Lambs wool pads.
        b. Heel and elbow support/protectors.

6. Verify patient's comfort.
   NOTE: Drape or cover patient if required.
7. Inform physical therapy personnel that patient is ready for examination/treatment.
8. Chart positioning information in patient's chart.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 60

TASK: Turn patient.

STANDARD OF PERFORMANCE OF TASK:

The patient must be positioned in the lateral, prone, or supine position. The patient must be turned without injury and minimal discomfort.

CONDITIONS FOR PERFORMANCE OF TASK:

Sheet
Table
Pillow
Support staff
Cushions/sponges

PERFORMANCE GUIDE:

1. Explain procedure to patient.
2. Keep patient covered with sheet.
3. Turn patient from supine position to lateral position:
   NOTE: Hip surgery patients or patients with hip pins should have a pillow between knees before turning.
   - A. Move patient to side of table/bed to which patient's back will be turned.
   - B. Raise patient's left arm above head (when permissible).
   - C. Roll patient on left side.
   - D. Align patient's body straight along the long axis of table/bed.
   - E. Flex patient's upper leg and place on table/bed in front of lower leg and rotate patient toward the oblique Sim's position.
   - F. Position patient's forearm to posterior of patient.
   - G. Support body so that position is maintained.
   - H. Use cushions or sponges to relieve pressure from patient's knees or hips if necessary.
   - I. Place pillows between knees and under arms for patient comfort.

PERFORMANCE GUIDE: (cont.)

4. Turn patient from supine position to prone position:
    - A. Move patient to side of table/bed to which patient's back will be turned.
    - B. Turn patient to side and continue to roll patient until patient is lying on stomach. NOTE: Raise arm if possible.
    - C. Turn patient's head to one side.
    - D. Align patient's body with arms parallel to body and legs straight.
    - E. Place pillow under lower legs for patient comfort.
5. Turn patient from prone position to supine position:
    - A. Move patient to side of table/bed to which patient's back will be turned.
    - B. Raise patient's arm above head on turning side.
    - C. Turn patient to side and continue to roll patient until patient is lying on back.
    - D. Straighten legs and place arms parallel to body.
    - E. Place a pillow under patient's knees for patient comfort. NOTE: A pillow may be placed under patient's head in all positions if it is comfortable for the patient.
6. Ensure patient's comfort.

SOURCE OF STANDARD:

Writing team of incumbent workers
V-TECS radiologic technology catalog

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 61

TASK: Assist patient in using bathroom.

STANDARD OF PERFORMANCE OF TASK:

Patient's voiding must be facilitated with maximum comfort and safety and in the manner best suited for patient's condition including provision of transfer to and from commode and assistance with patient's cleaning.

CONDITIONS FOR PERFORMANCE OF TASK:

Soap
Water
Towel
Gloves
Washcloth
Call button
Toilet tissue
Transfer belt
Support personnel
Bathroom facilities
Patient's chart/medical records

PERFORMANCE GUIDE:

1. Identify patient's abilities and needs with regards to toileting.
   A. Review patient's records.
   B. Question patient.
2. Secure required assistance.
3. Wash hands.
4. Don gloves.
5. Assist patient to dangle on bed/treatment table.
6. Transfer or assist patient in transfer to commode.
7. Arrange patient's clothing so patient can sit on commode.
8. Ensure patient's safety and comfort on commode.
9. Monitor and assist patient while sitting on commode.
10. Assist patient in cleaning themselves.

PERFORMANCE GUIDE: (cont.)

11. Observe patient's output as requested by physician/nursing staff.
12. Remove and discard gloves.
13. Transfer or assist patient in transfer from commode to bed/table.
14. Ensure patient's safety and comfort on bed/table.
15. Wash hands.
16. Report patient's output as requested by physician/nursing staff.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 62

TASK: Assist patient in using bedside commode.

STANDARD OF PERFORMANCE OF TASK:

Patient's voiding must be facilitated with maximum patient comfort, safety, cleanliness and privacy as permitted by patient's condition. Physical therapist assistant must respond promptly to patient's request for assistance. Patient must be safely assisted to use the bedside commode. Patient's perineal area and hands must be cleaned. Contents of commode must be recorded according to institution's guidelines.

CONDITIONS FOR PERFORMANCE OF TASK:

Soap
Shoes
Water
Towels
GT orders
Safety belt
Toilet items
Air freshener
Patient's chart
Bedside commode
Protective gloves

PERFORMANCE GUIDE:

1. Review patient's chart.
   CAUTION: Always don protective gloves before handling bodily fluids.
2. Identify patient and explain procedure.
3. Position bedside commode close to bed/chair and check that pail is under commode.
4. Assist patient to sitting position on bed.
5. Place safety belt and shoes on patient.
6. Position patient to standing position.
7. Ambulate or transfer patient to bedside commode and position them in the center of the commode.
8. Provide patient privacy and monitor patient while on commode.
9. Assist patient to clean themselves.

PERFORMANCE GUIDE: (cont.)

10. Assist patient to standing position and close lid on bedside commode.
    CAUTION: Remove and dispose protective gloves.
11. Ambulate or transfer patient back to bed.
12. Call nurse when output is being measured or when patient need assistance with cleaning.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 63

TASK: Assist patient in using urinal.

STANDARD OF PERFORMANCE OF TASK:

Patient's voiding must be facilitated with maximum patient comfort, safety, cleanliness and privacy as permitted by patient's condition. Physical therapist assistant must respond promptly to patient's request for assistance. Patient must be safely assisted to use the urinal. Patient's perineal area and hands must be cleaned. Contents of urinal must be recorded.

CONDITIONS FOR PERFORMANCE OF TASK:

Sheet
Urinal
Commode
Patient's chart
Protective gloves

PERFORMANCE GUIDE:

1. Give patient urinal.
   CAUTION: Always don protective gloves before handling bodily fluids.
2. Explain procedure.
3. Position urinal for incapacitated patient:
   A. Position penis inside of urinal so urine flows into the urinal.
   B. Place urinal firmly between patient's legs to avoid spillage.
4. Cover patient with a sheet and ensure privacy.
   CAUTION: Do not leave patient unattended if condition dictates close observation.
5. Remove urinal and clean patient as necessary.
   NOTE: Check patient's chart, if urine is being measured, call nurse or measure urine and record on chart.
6. Dispose of excreted material into commode.
7. Clean the urinal.

PERFORMANCE GUIDE: (cont.)

8. Return urinal to storage area.
   CAUTION: Remove and dispose protective gloves.

SOURCE OF STANDARD:

Writing team of incumbent workers
V-TECS practical nursing catalog

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 64

TASK: Assist patient in using bedpan.

STANDARD OF PERFORMANCE OF TASK:

Patient's voiding must be facilitated with maximum patient comfort, safety, cleanliness and privacy as permitted by patient's condition. Physical therapist assistant must respond promptly to patient's request for assistance. Patient must be safely assisted to use the bedpan. Patient's perineal area and hands must be cleaned. Contents of commode must be recorded according to institute's guidelines.

CONDITIONS FOR PERFORMANCE OF TASK:

Soap
Water
Basin
Towel
Bed pan
Commode
Wash cloth
Air freshener
Toilet tissue
Patient's chart
Protective gloves

PERFORMANCE GUIDE:

1. Identify patient and explain procedure.
2. Screen the unit to provide privacy.
   CAUTION: Always don protective gloves before handling bodily fluids.
3. Lower the siderails on the side where you are working.
4. Fold the top bedcovers back at a right angle and raise the patient's gown and help to lower pajama pants.
5. Ask the patient to flex knees and rest weight on back of heels if able.
6. Assist the patient to raise the hips by putting one hand under the small of the back.

PERFORMANCE GUIDE: (cont.)

7. Slide the bedpan under the patient's hips with your other hand.
8. Adjust the bedpan to the correct fit for the patient with buttocks resting on the rounded portion of the pan.
9. Roll the patient away from you onto their side and place the bedpan against the buttocks, if patient is too weak to raise self.
10. Roll the patient back onto the pan and hold the pan in place during the procedure.
11. Replace the top bed covers and insure patient's comfort.
12. Place the call signal and tissue in easy reach of the patient.
13. Raise siderail before leaving patient.
14. Answer the patient's call signal immediately.
15. Lower the siderail on the side where you are working.
16. Ask the patient to flex knees and put weight on heels if able.
17. Place one hand under the small of the back and assist in raising the patient's buttocks off the pan.
18. Remove the bedpan from under the patient with your other hand.
19. Cover the bedpan and place it on a nearby chair.
20. Clean the genital area as necessary, wiping from the front to the back.
21. Drop all soiled tissues into the bedpan.
    NOTE: Place tissue temporarily in waste container, bag, or inside more tissue until the soiled tissue can be discarded in the toilet or appropriate trash can, if a specimen is needed or output is being measured.
22. Fill basin with warm water and allow patient to wash hands.
23. Assist with handwashing, if necessary.
24. Reposition the patient comfortably and replace all bedcovers.
25. Take the bedpan to utility room or bathroom and note contents:
    A. Observe amount.
    B. Color.
    C. Type of contents.
26. Measure and record the amount, if patient is on intake and output.
27. Save a sample of the contents, if any unusual observations are made.

PERFORMANCE GUIDE: (cont.)

28. Empty the pan into the toilet and rinse with cold water.
29. Wash bedpan with brush and warm soapy water and rinse and dry.
    CAUTION: Remove and dispose protective gloves.
30. Return the covered pan to the patient's unit.
31. Replace all equipment used.
32. Record and report all required information: time, amount, any unusual observations on patient's chart.
33. Wash hand thoroughly.

SOURCE OF STANDARD:

Writing team of incumbent workers
Mosby's text book for nursing assistants

DUTY: PROVIDING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 65

TASK: Assist patient in dressing and undressing.

STANDARD OF PERFORMANCE OF TASK:

Apparel must be removed or donned such that patient's apparel is suitable for the patient's scheduled therapy session or the patient's exit from the therapy area. Patient must be encouraged to dress/undress as independently as possible. Precautions, including patient's privacy, security of valuables, working within patient's range of motion, avoiding aggravation of sensitive areas and avoiding stimulation of excess muscle tone must be taken.

CONDITIONS FOR PERFORMANCE OF TASK:

Bed
Chair
Mat table
Patient's records
Patient's dressing aids
Patient's adaptive equipment

PERFORMANCE GUIDE:

1. Greet patient.
2. Explain what apparel must be removed/donned and why.
3. Assess patient's ability to remove/don the specific apparel to be removed/donned.
   A. Question patient.
   B. Review patient's records.
   C. Observe patient's attempting procedure.
      NOTE: Patient should be encouraged and allowed to perform the procedure as independently as possible.
4. Identify methods for assisting patient.
   A. Transfer patient to or from chair, mat table or bed.

PERFORMANCE GUIDE: (cont.)

B. Position patient.
CAUTION: Secure required assistance prior to attempting transfer or positioning of patient.

5. Provide for patient's privacy.
6. Facilitate removal of apparel.
    A. Supply patient with dressing aids.
    B. Unfasten fasteners.
        (1) Untie/unbuckle shoes.
        (2) Unbuckle belt.
        (3) Unbutton shirt/coat.
        (4) Unzip coat/trousers.
        (5) Unhook gowns.
    C. Remove jewelry/secure jewelry.
    CAUTION: Assure security of jewelry (i.e. locked drawer or cabinet, handed to patient's family/support person, kept on table so that patient can see it.)
    D. Hold/pull away apparel item while patient withdraws body part.
    E. Hold/pull away apparel item and assist or facilitate withdrawal of body part.
    NOTE: Work within the patient's range of motion, avoid aggravation of sensitive areas (damaged skin, tactile defensiveness) and avoid stimulation of excess muscle tone.
    F. Assist patient with positioning or position patient.
    CAUTION: Movements required for removal of apparel may challenge patient's ability to keep their balance and precautions must be taken.
        (1) Patient sits and leans forward.
        (2) Patient stands.
        (3) Patient sits with legs crossed.
        (4) Patient lies on back or side alternating sides.
7. Facilitate donning of apparel.
    A. Supply patient with dressing aids.
    B. Fasten fasteners.
        (1) Tie/buckle shoes.
        (2) Buckle belt.
        (3) Button shirt/coat.
        (4) Zip coat/trousers.
        (5) Hook gowns.

PERFORMANCE GUIDE: (cont.)

C. Return jewelry/put jewelry on patient.
CAUTION: Assure that patient acknowledges that all jewelry has been returned.

D. Hold/bring towards patient the apparel item while the patient inserts body part.

E. Hold/bring toward patient apparel item and assist or facilitate insertion of body part.
NOTE: Work within the patient's range of motion, avoid aggravation of sensitive areas (damaged skin, tactile defensiveness) and avoid stimulation of excess muscle tone.

F. Assist patient with positioning or position patient.
CAUTION: Movements required for donning of apparel may challenge patient's ability to keep their balance and precautions must be taken.

(1) Patient sits and leans forward.
(2) Patient stands.
(3) Patient sits with legs crossed.
(4) Patient lies on back or side alternating sides.

8. Note any irregularities observed during dressing or undressing.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 66

TASK: Drape patient for physical exam/treatment.

STANDARD OF PERFORMANCE OF TASK:

Patient's body must be positioned and all body parts must be covered by a sheet or gown except for area to be treated or examined. Maximum patient privacy must be provided and maintained.

CONDITIONS FOR PERFORMANCE OF TASK:

Gown
Towels
Sheets
Blankets
Treatment plan
Treatment table
Treatment room/booth

PERFORMANCE GUIDE:

1. Identify patient and explain procedure.
2. Escort patient to treatment area.
3. Give patient gown/towel to dress in and assist in dressing if needed.
   NOTE: If dressing assistance is not needed, the assistant/aide should wait outside treatment area/booth until patient is ready.
4. Check to see if patient is ready.
5. Place patient in proper position for maximum accessibility of the area being treated.
6. Verify patient's comfort.
7. Place a towel or sheet over exposed body parts not being treated.
8. Notify therapist that patient is ready for treatment.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 67

TASK: Assist patient with assistive/supportive devices.

STANDARD OF PERFORMANCE OF TASK:

The use and care procedures for assistive/supportive devices must be reviewed for the patient, in accordance with manufacturer's instructions and physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Physician's orders
Assistive/supportive device
Manufacturer's instructions
Patient's treatment plan/chart

PERFORMANCE GUIDE:

1. Review patient's treatment plan and physician's orders.
2. Evaluate patient's readiness for assistive/supportive device.
3. Select assistive/supportive device based on treatment plan and physician's orders.
4. Review assistive/supportive device utilization procedure with patient:
   - A. Verbalize key points.
   - B. Demonstrate procedure to patient.
   - C. Have patient demonstrate procedure.
5. Monitor patient as they don/utilize the assistive/supportive device.
   NOTE: Patient needs to be able to don/utilize the assistive/supportive aid independently. Assistance should be provided when asked for or if patient is having trouble.
6. Verify that all safety devices are in place and functional.

PERFORMANCE GUIDE: (cont.)

7. Check assistive/supportive device for fit and effectiveness to perform intended purpose.
8. Question patient as to the fit and feel of the assistive/supportive device.
   CAUTION: Remind patient not to adjust equipment without notifying physical therapy department first.
9. Document patient's progress and performance with the assistive/supportive device in patient's records.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 68

TASK: Assist patient in pain.

STANDARD OF PERFORMANCE OF TASK:

The location, type and intensity of the patient's pain must be identified and eliminated when possible. Medical personnel must be contacted when patient's pain persists. Patient must be monitored and reassured until medical help arrives.

CONDITIONS FOR PERFORMANCE OF TASK:

Pain drawing
Patient's chart
Support personnel
Treatment table/chair

PERFORMANCE GUIDE:

1. Verify patient's identification.
2. Ask patient to show you the area of pain:
   A. Upper body.
   B. Lower body.
   C. Limbs.
   D. Torso.
3. Ask patient to describe how the pain feels:
   A. Stabbing.
   B. Burning.
   C. Pins and needles.
   D. Numbness.
4. Ask patient to describe the intensity of pain:
   A. Weak.
   B. Moderate.
   C. Strong.
   D. Emergency.
5. Mark location, type and intensity of pain on pain drawing.

PERFORMANCE GUIDE: (cont.)

6. Locate possible sources of patient's pain.
   CAUTION: If patient's pain is resulting from treatment being administered, terminate treatment immediately.
7. Eliminate source of pain when possible.
8. Call for medical assistance if pain cannot be stopped.
9. Remain with patient until assistance arrives.
   NOTE: Talk with patient, provide reassurance, and help patient remain calm.
10. Assist medical personnel as directed.
11. Record incident on patient's chart.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 69

TASK: Instruct patient in use of body mechanics.

STANDARD OF PERFORMANCE OF TASK:

Body mechanics instruction must prevent new injuries to the patient or prevent further aggravation of existing patient injuries. Patient must comprehend instructions such that they can demonstrate body mechanics to assistant/aide.

CONDITIONS FOR PERFORMANCE OF TASK:

Treatment area
Patient's chart
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review patient treatment plan/physician's orders.
2. Assess patient's body mobility.
3. Verify patient's identification and explain the purpose of body mechanics instruction.
4. Explain body mechanics procedure to patient.
5. Demonstrate body mechanics procedures to patient.
6. Monitor patients as they practice using body mechanics procedures.
7. Assist patient as necessary to utilize proper body mechanics.
8. Document patient's body mechanics progress.
9. Record patient progress in physical therapy treatment plan.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 70

TASK: Assist patient with standing.

STANDARD OF PERFORMANCE OF TASK:

Patient must be assisted to and from standing position for prescribed time as indicated by physician's orders or physical therapy treatment plan. Patient must be monitored and assisted throughout standing exercise.

CONDITIONS FOR PERFORMANCE OF TASK:

Gait belt
Patient's chart
Physician's orders
Support staff
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review patient's treatment plan/chart and assess the amount of assistance needed by patient.
2. Identify patient and explain procedure.
3. Elevate head of bed.
4. Fold top bedding back toward foot of bed.
5. Assist patient in dangling.
6. Position gait belt around patient's waist.
7. Assist patient with robe and slippers.
8. Take patient's pulse.
9. Place patient's feet firmly on floor.
10. Guide patient by putting hand under proximal axilla.
11. Assist patient to come to standing position.
12. Stand at patient's side to provide support.
13. Observe patient for change in skin color or pulse and report.
14. Assist patient back to bed or chair in same manner, leaving patient comfortable.
15. Report and record information as required.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 71

TASK: Assist patient with dangling.

STANDARD OF PERFORMANCE OF TASK:

Patient must be assisted to and from dangling position for prescribed time. Patient's pulse, respiration, and blood pressure must be taken before, during, and after dangling procedure. Procedure must be charted and/or reported as required by physical therapy department.

CONDITIONS FOR PERFORMANCE OF TASK:

Pillow
Stethoscope
Support staff
Patient's chart
Sphygmomanometer
Physician's order
Treatment table/bed
Watch with second hand
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's order/patient treatment plan.
2. Verify patient's identify and explain procedure.
3. Provide for patient's privacy.
4. Take patient's pulse, respiration, and blood pressure initially.
5. Place one arm around patient's shoulders, and place other arm under patient's knees.
6. Pivot patient toward you.
7. Allow patient's legs to hang over side of bed/table.
8. Tuck rolled pillow at patient's back.
9. Instruct patient to swing legs for prescribed time.
   CAUTION: If patient becomes dizzy, return patient to supine position, check pulse, respiration, and blood pressure, and report condition to therapist.
10. Replace pillow at head of bed/table.

PERFORMANCE GUIDE: (cont.)

11. Place one arm around patient's shoulders and the other arm under patient's knees.
12. Pivot patient back into bed/table.
13. Take patient's vital signs, note patient's condition and report to therapist as necessary.
14. Ensure patient's comfort.
15. Chart patient's tolerance to dangling as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 72

TASK: Assist patient with walking.

STANDARD OF PERFORMANCE OF TASK:

Walking exercise procedures must be reviewed with patient according to physician's orders/treatment plan. Patient's condition must be assessed and safety devices attached and utilized as warranted by patient's needs and condition. Safety procedures must be followed and the patient must be monitored throughout the ambulation exercise. Vital signs must be taken and the procedure charted as required by the physical therapy department guidelines.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Support staff
Physician's order/treatment plan
Gait belt (walking safety belt)
Sphygmomanometer
Stethoscope
Watch with second hand

PERFORMANCE GUIDE:

1. Review physician's order/treatment plan.
2. Verify patient's identification and explain procedure.
3. Provide for patient's privacy.
4. Take patient's pulse, respiration, and blood pressure initially.
5. Assist patient to dangle on bed/table.
6. Position gait belt around patient's waist.
7. Assist patient to stand.
8. Place arm around patient's waist, or fasten walking safety belt to the patient, and walk with patient for prescribed time/distance keeping pace slow and walking close to wall.
   CAUTION: If patient feels faint, support patient with hip and leg, lower patient to floor and call for assistance..
9. Return patient to bed/table.

PERFORMANCE GUIDE: (cont.)

10. Assist patient onto bed/table and remove safety belt.
11. Ensure patient is comfortable.
12. Chart walking practice in accordance with physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 73

TASK: Assist patient in using cane.

STANDARD OF PERFORMANCE OF TASK:

Cane walking procedures for level surfaces, up and down steps and in opening doors must be reviewed with patient. Instructions must be clear, comprehensible, and communicated in the manner best suited for patient's condition. The cane must be checked for rubber safety tip and adjusted to meet patient's needs. The patient must be monitored throughout the cane walking practice.

CONDITIONS FOR PERFORMANCE OF TASK:

Cane
Patient's chart
Training stairs
Support staff
Physician's orders
Treatment table/chair
Physical therapy treatment plan
Gait belt (walking safety belt)

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure.
2. Check presence and condition of rubber tip on cane.
3. Review cane walking procedure with patient.
4. Position gait around patient's waist.
5. Assist patient to stand.
6. Check length of cane according to patient's height.
7. Position cane opposite affected area.
8. Supervise patient while they practice walking with cane.
   NOTE: Use a gait halter if patient is unsteady or insecure.
9. Assist patient back to table or chair after practice.
10. Place cane within patient's reach as condition dictates.

PERFORMANCE GUIDE: (cont.)

11. Ensure patient's comfort.
12. Chart procedure in accordance with physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 74

TASK: Assist patient in using quad cane.

STANDARD OF PERFORMANCE OF TASK:

Quad cane walking procedures for level surfaces, up and down steps and in opening doors must be reviewed with patient. Instructions must be clear, comprehensible, and communicated in the manner best suited for patient's condition. The quad cane must be checked for rubber safety tips and adjusted to meet patient's needs. The patient must be monitored throughout the cane walking practice.

CONDITIONS FOR PERFORMANCE OF TASK:

Quad cane
Patient's chart
Training stairs
Physician's orders
Treatment table/chair
Physical therapy treatment plan
Gait belt (walking safety belt)

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure.
2. Check presence and condition of rubber tips on quad cane legs.
3. Position quad cane by treatment table/bed.
4. Assist patient to dangle on treatment table/bed.
5. Position gait belt around patient's waist.
6. Assist patient to stand.
7. Adjust height of quad cane so that hand bar is just below patient's waist.
8. Review quad cane walking procedure with patient.
9. Position quad cane opposite patient's affected side.
10. Supervise patient while they practice walking with walker.
    NOTE: Use gait halter if patient is unsteady or insecure.

PERFORMANCE GUIDE: (cont.)

11. Walk closely behind and slightly to side of patient's affected side and steady as needed for duration of quad cane practice.
12. Assist patient back onto table/bed at conclusion of quad cane walking practice.
13. Place quad cane within patient's reach as condition dictates.
14. Ensure patient's comfort.
15. Chart procedure in accordance with physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 75

TASK: Assist patient in using walker.

STANDARD OF PERFORMANCE OF TASK:

Walker walking procedures must be reviewed with the patient as ordered by physician. Instructions must be clear and communicated in the manner best suited for patient's condition. Equipment must be adjusted to meet patient's needs and the patient must be monitored throughout the walker walking practice.

CONDITIONS FOR PERFORMANCE OF TASK:

Walker
Support staff
Patient's chart
Physician's orders
Physical therapy treatment plan
Gait belt (walking safety belt)

PERFORMANCE GUIDE:

1. Verify physician's order/treatment plan.
2. Identify patient and explain procedure.
3. Inspect walker to ensure it has rubber tips on legs and hand grips.
4. Position walker by treatment table/bed.
5. Assist patient to dangle on treatment table/bed.
6. Position gait belt around patient's waist.
7. Assist patient to stand.
8. Adjust height of walker so that hand bar is just below patient's waist.
9. Review walker walking procedure with patient.
10. Supervise patient while they practice walking with walker.
    NOTE: Use gait halter if patient is unsteady or insecure.
11. Walk closely behind and slightly to side of patient and steady as needed.
12. Assist patient back onto table/bed at conclusion of walking practice.

PERFORMANCE GUIDE: (cont.)

13. Ensure patient's comfort.
14. Position walker within patient's reach as condition dictates.
15. Chart walker practice in accordance with physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 76

TASK: Assist patient in using wheelchair.

STANDARD OF PERFORMANCE OF TASK:

Patient must be safely transferred to wheelchair and instructed in operation of wheelchair on level surface, incline surface and opening/closing doors, following manufacturer's instructions. Assistance must be given as required by patient's condition. The patient must be monitored throughout the wheelchair practice.

CONDITIONS FOR PERFORMANCE OF TASK:

Wheelchair
Support staff
Practice area
Patient's chart
Physical therapy treatment plan
Wheelchair manufacturer's instructions
Gait belt

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure.
2. Instruct patient on how to operate wheelchair according to manufacturer's instructions.
3. Demonstrate wheelchair operating procedures.
4. Position gait belt around patient's waist.
5. Transfer patient from table/bed to wheelchair providing for patient's privacy.
6. Fasten wheelchair safety belt and unlock brakes.
7. Allow patient to practice operating wheelchair on:
   A. Level surface.
   B. Inclined surface.
   C. Opening/closing doors.
8. Assist patient from wheelchair to table/bed after practice is complete.
9. Ensure patient's comfort.

PERFORMANCE GUIDE: (cont.)

10. Return equipment to storage.
11. Chart treatment information in accordance with physical therapy department.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 77

TASK: Assist patient with crutch walking.

STANDARD OF PERFORMANCE OF TASK:

Crutch walking procedures for level surfaces, inclined surfaces, stairs and opening/closing doors must be reviewed with patient. Instructions must be clear and communicated in the manner best suited for patient's condition. Crutches must be checked for rubber safety tips and adjusted to meet patient's needs. The patient must be monitored throughout the crutch walking practice.

CONDITIONS FOR PERFORMANCE OF TASK:

Crutches
Support staff
Tape measure
Patient's chart
Physician's order
Walking safety belt
Physical therapy treatment plan
Gait belt (walking safety belt)

PERFORMANCE GUIDE:

1. Check physician's order/treatment plan.
2. Verify patient's identification and explain procedure.
3. Identify type of crutch and check crutches for rubber tips:
   A. Auxiliary.
   B. Loftstrand.
4. Review crutch-walking gait pattern ordered by physician.
5. Verify that crutches fit patient according to department guidelines.
6. Position gait belt around patient's waist.
7. Assist patient to stand.
8. Assist patient with positioning and using crutches.
9. Supervise patient's crutch gait practice.
   NOTE: Use gait halter if patient is unsteady or insecure.

PERFORMANCE GUIDE: (cont.)

10. Assist patient back to table/bed at conclusion of practice.
11. Place crutches within patient's reach as condition dictates.
12. Ensure patient's comfort.
13. Chart procedure in accordance with physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 78

TASK: Apply or remove a brace.

STANDARD OF PERFORMANCE OF TASK:

Patient must have privacy and be positioned for easiest access to braced area. Brace must be adjusted to fit curves of body or extremity. Skin care and/or padding must be provided as needed.

CONDITIONS FOR PERFORMANCE OF TASK:

Brace
Padding
Patient's chart
Soap, water, and towel
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review patient's treatment plan/chart.
2. Identify reason and location of bracing.
3. Verify patient's identification and explain procedure.
4. Provide for patient's privacy.
5. Position patient for easiest access to treatment area.
6. Attach brace to designated area:
    A. Check pressure areas under brace.
    CAUTION: Notify physical therapist or doctor if pressure area persists; adjustment of brace, special skin care and application of padding may be necessary.
    B. Fit brace on patient ensuring brace molds to curves of body.
    C. Secure straps of brace so that brace fits securely.
    D. Ensure patient's comfort.
7. Remove brace from designated area:
    A. Release straps.
    B. Remove brace.
    C. Store brace in designated area.

PERFORMANCE GUIDE: (cont.)

D. *Check pressure areas under brace.*
NOTE: Adjustment of brace or special skin care and/or application of padding may be necessary when brace is reapplied.

8. Ensure patient's comfort.
9. Wash hands.
10. Chart information in accordance with physical therapy department.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 79

TASK: Apply splint.

STANDARD OF PERFORMANCE OF TASK:

Splint must be applied securely below the break and above the joint. Circulation to area must be maintained. Splinting procedure and complications must be charted according to physical therapy department procedures.

CONDITIONS FOR PERFORMANCE OF TASK:

Splint
Cotton padding
Elastic bandage
Patient's chart
Physician's order
Soap, water, and towel
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Check physician's order/treatment plan.
2. Identify area and reason for splinting.
3. Verify patient's identification and explain procedure.
4. Provide for patient's privacy.
5. Examine area to receive splint.
   NOTE: Report sores to physician/chief therapist.
6. Position treatment area into proper body alignment.
7. Apply splints below break and above joint.
8. Apply padding where necessary.
9. Wrap splints securely with elastic bandage.
10. Verify patient's comfort.
11. Check circulation to area and adjust bandage if necessary.
12. Chart splinting procedure information according to physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 80

TASK: Transfer patient between stretcher and bed/treatment table.

STANDARD OF PERFORMANCE OF TASK:

Privacy must be provided for the patient. Patient must be safely transferred to and from stretcher and bed using special devices and additional workers to ensure patient's safety and comfort. Procedure must be charted and/or reported as required.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Physician's order
Blanket or sheet and pillow
Additional workers as needed
Special devices (transfer sheet, sliding board, or roller)

PERFORMANCE GUIDE:

1. Review physician's order and physical therapy treatment plan.
2. Verify patient's identification and explain procedure.
3. Assemble equipment and secure the number of workers necessary to lift the patient.
4. Provide for patient's privacy.
5. Position stretcher and lock wheels.
6. Adjust the height of the bed so that it is level with stretcher.
7. Remove extra pillows, support devices, and other devices that may be in the way.
8. Ensure that IV's, drainage tubing, or other restraints are adjusted to permit movement of patient.
9. Transfer patient able to assist:
   A. Signal patient you are ready to make the transfer.
   B. Instruct patient to slowly slide from bed to stretcher.

PERFORMANCE GUIDE (cont.)

10. Transfer patient unable to assist.
    A. Assisted lift:
        (1) Position patient at the edge of bed.
        (2) Raise the head of bed.
        (3) Position one worker at patient's head and one worker at patient's legs and hips.
        (4) The worker at the head lifts patient under the arms, and the worker at the foot lifts patient under legs and hips.
        NOTE: Some patient's may need their head supported during transfer.
        (5) On signal, lift patient from bed into stretcher.
    B. Transfer sheet.
        (1) Place transfer sheet under patient.
        (2) Position additional workers as needed on the proximal side of stretcher and on the far side of bed.
        (3) Grasp transfer sheet and, on signal, move patient onto stretcher.
    C. Sliding board.
        (1) Turn patient to one side, sliding the board under patient's back onto the board.
        (2) Position one worker at the head of bed and one worker at the patient's feet.
        (3) On signal, move patient from bed to stretcher.
    D. Roller.
        (1) Position worker on far side of bed and worker on proximal side of bed.
        (2) Place transfer sheet under patient.
        (3) First worker must reach across patient toward worker's body.
        (4) Second worker must place roller bar on bed behind patient's back while patient is on side.
        (5) Lower patient backward, onto roller, by guiding with transfer sheet. Second worker holds roller bar in place with one hand.
        (6) Roll transfer sheet toward patient on both sides so that it does not hang over sides of bed and the roller is within easy reach of workers.
        (7) Position stretcher parallel to and in contact with bed. Lock wheels of bed and stretcher.

PERFORMANCE GUIDE (cont.)

D. Roller. (cont.)
  - (8) First worker must stand at side of stretcher, grasp transfer sheet at top and bottom edges of roller, and move patient to stretcher.
  - (9) Second worker must guide patient during transfer.
  - (10) Workers must maintain grasp on transfer sheet until patient is in center of stretcher.
  - (11) Turn patient on side and remove roller bar.
  - (12) Lower patient back onto stretcher.

11. Provide a pillow for patient, arrange blanket or sheet, place arms across chest, and raise side rails or fasten safety strap on stretcher.
12. Verify patient's comfort.
13. Transfer patient to bed from stretcher by reversing procedure used to transfer patient to stretcher.
14. Chart and/or report information as required.

SOURCE OF STANDARD:

Writing team of incumbent workers
Nursing skills for clinical practice

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 81

TASK: Transfer patient to and from wheelchair.

STANDARD OF PERFORMANCE OF TASK:

The patient must be transferred between the treatment table/bed and wheelchair without injury to patient or damage to hospital equipment.

CONDITIONS FOR PERFORMANCE OF TASK:

Sheet
Wheelchair
Foot stool
Support staff
Examination table
Gait belt (walking safety belt)

PERFORMANCE GUIDE:

1. Review physician's order and physical therapy treatment plan.
2. Verify patient's identification and explain procedure.
3. Position wheelchair to patient's stronger side.
4. Set wheel brakes, raise or remove foot rests.
5. Position gait belt around patient's waist.
6. Establish extent of patient's mobility and transfer patient using appropriate method:
   A. Independent mobility using pivot transfer:
      (1) Assist patient to sitting position on the treatment table/bed with legs dangling and remove sheet.
      (2) Ensure patient stability before proceeding.
      (3) Assist patient to standing position on foot stool.
      (4) Assist patient to step down from foot stool.
      (5) Assist patient to pivot and lower body into wheelchair.
   B. Dependent transfer using two man lift:
      (1) Assist patient to sitting position on treatment table/bed with legs dangling and remove sheet.

PERFORMANCE GUIDE: (cont.)

- (2) Place arm under patient's arm and around patient's back (both people).
- (3) Place other arm under patient's legs above knee joint (both people).
- (4) On agreed signal, lift patient from bed/table.
- (5) Slowly pivot patient's body and lower into wheelchair.

7. Secure patient in wheelchair using safety belt.
8. Cover patient with sheet.
9. Reverse procedure to remove patient.
10. Ensure patient is comfortable before leaving.

SOURCE OF STANDARD:

Writing team of incumbent workers
V-TECS radiologic technology catalog

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 82

TASK: Transport patient by wheelchair.

STANDARD OF PERFORMANCE OF TASK:

The patient must be transported in a wheelchair without injury to patient and without damage to patient's clothing or hospital equipment.

CONDITIONS FOR PERFORMANCE OF TASK:

Sheet
Wheelchair
Patient's chair
Testing/treatment orders
Patient's identification bracelet

PERFORMANCE GUIDE:

1. Secure patient's chart and verify orders.
2. Set hand brake to lock wheels and lift foot rests out of way.
3. Identify patient and transfer him/her into the wheelchair, utilizing accepted body mechanics:
   A. Independent mobility using pivot transfer.
   B. Dependent mobility using two man lift.
4. Provide bathrobe or sheet and non skid footwear.
5. Check clothing/gowns, tubes, IV's, and catheters are secure and clear from entanglement.
6. Lower foot rests and place patient's feet on rests.
7. Explain transportation procedure to patient and fasten seatbelt.
8. Release hand brake to unlock wheels.
9. Transport patient along right side of hall.
10. Move wheelchair through door:
    A. Approach closed doorway backwards.
    B. Use one hand to open door and support door open with body.
    C. Pull chair through doorway backwards.
    D. Turn wheelchair forward after getting through door.

PERFORMANCE GUIDE: (cont.)

11. Transfer wheelchair on elevator:
    - A. Secure elevator door open.
    - B. Pull wheelchair onto elevator backwards.
    - C. Release elevator door and select desired floor.
    - D. Upon arrival at desired floor, secure door open.
    - E. Turn wheelchair around and exit elevator backwards.
    - F. Release elevator door.
12. Make all turns slowly to avoid stress to the patient.
13. Set hand brake to lock wheels when destination is reached.

SOURCE OF STANDARD:

Writing team of incumbent workers
V-TECS radiologic technology catalog

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 83

TASK: Transport patient by stretcher.

STANDARD OF PERFORMANCE OF TASK:

The patient must be transported using a stretcher without causing injury to the patient or damage to hospital equipment.

CONDITIONS FOR PERFORMANCE OF TASK:

Stretcher
Sheet/blanket
Support staff
Patient's chart
Physician's orders
Patient identification bracelet

PERFORMANCE GUIDE:

1. Secure charts and verify orders.
2. Identify patient and explain transportation procedure.
3. Transfer patient from bed/table to stretcher.
4. Check that patient is strapped to stretcher and covered.
   NOTE: Ensure that extremities do not protrude and that all support apparatus (tubes, drainage bottles and catheters) will not tangle.
5. Transport patient feet first, walking at the head of the stretcher.
   A. Move stretcher through door:
      (1) Stand with back against door.
      (2) Move stretcher through door by grasping side of stretcher and pulling through doorway.
      (3) Release door after stretcher has cleared doorway.
6. Transport stretcher on elevator:
   A. Secure elevator door.
   B. Place stretcher on elevator foot-end first and stand at patient's head.

PERFORMANCE GUIDE: (cont.)

- C. Exit elevator by pulling stretcher head first.
- D. Release elevator door after stretcher has cleared doorway.

7. Approach corners on right hand side of hallway.
8. Turn corners slowly and cautiously.
9. Lock stretcher wheels when destination is reached.

SOURCE OF STANDARD:

Writing team of incumbent workers
V-TECS radiologic technology catalog

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 84

TASK: Transfer patient using hydraulic lift.

STANDARD OF PERFORMANCE OF TASK:

Privacy must be provided for the patient. Patient must be transferred safely to and from bed and chair using hydraulic lift. Manufacturer's directions must be followed in operation of lift. Procedure must be charted and/or reported as required.

CONDITIONS FOR PERFORMANCE OF TASK:

Hook
Belts
Sling
Chair
Patient's chart
Call bell/button
Robe and slipper
Physician's orders
Additional workers as needed
Hydraulic lift with manufacturer's instructions

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Explain procedure to patient.
3. Adjust head of bed to the flat position.
4. Roll patient on side away from you.
5. Slide sling under patient.
6. Roll patient on other side.
7. Straighten sling.
8. Roll patient on back.
9. Adjust sling to support head and pull down under hips.
   NOTE: Make sure there is no slack so patient will not be jarred during lifting procedure.
10. Position lift.
11. Hook straps to sling.
    NOTE: Make sure hooks meet up with holes.
12. Hook straps to bar on lift.

PERFORMANCE GUIDE (cont.)

13. Position switch to lift work.
14. Operate lift:
    - A. Close pressure valve.
    - B. Pump handle to raise lifting bar with patient in sling straps so that patient body clears bed/table.
    - C. Roll hydraulic lift to table/chair and align patient.
    - D. Release pressure valve to lower sling.
      NOTE: Monitor the sling hooks at all time while patient is in sling.
15. Unhook straps from lifting bar.
16. Remove sling from under patient.
17. Ensure patient comfort and safety.

SOURCE OF STANDARD:

Writing team of incumbent workers
Nursing skills for clinical practice

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 85

TASK: Direct patient in use of exercise equipment.

STANDARD OF PERFORMANCE OF TASK:

Patient's exercise practice must be performed in accordance with physician's order and physical therapy treatment plan. Exercise equipment instructions must include a verbal explanation and a physical demonstration.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Physician's order
Exercise equipment
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Check working order of exercise equipment.
3. Greet patient and verify patient's identification.
4. Orientate patient to the exercise equipment to be used.
   - A. Verbally explain exercise equipment purpose/function.
   - B. Verbally explain exercise equipment operating procedure.
   - C. Demonstrate exercise equipment operation procedure.
5. Verify patient comprehension of the purpose/function and operation procedures of the exercise equipment.
6. Position patient on exercise equipment and verify that all safety devices are intact and operational.
7. Monitor patient's practice using the exercise equipment.

PERFORMANCE GUIDE (cont.)

8. Encourage patient's exercise practice and answer any questions about the exercise or exercise equipment that arise.
9. Assist patient off exercise equipment after treatment plan repetitions are completed.
10. Chart patient's exercise progress as required by physical therapy department.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 86

TASK: Verify patient identification.

STANDARD OF PERFORMANCE OF TASK:

Patient's identification must be established by visual recognition, verbal identification, patient's identification bracelet, identification card (blue card), physician's order, patient's chart and/or outpatient form.

CONDITIONS FOR PERFORMANCE OF TASK:

Outpatient form
Patient's chart
Physician's order
Patient's identification card
Physical therapy treatment plan
Patient's identification bracelet

PERFORMANCE GUIDE:

1. Verify name of next scheduled patient on scheduling log.
2. Greet patient and identify yourself.
3. Obtain patient identification information:
   A. Ask the patient to identify himself or herself.
   B. Ask patient for identification documentation.
      (1) New outpatient:
         a. Identification card.
         b. Institution's outpatient form.
         c. Physician's order.
         d. Patient's chart.
      (2) Inpatient/skilled care patient:
         a. Identification bracelet.
         b. Identification card.
         c. Patient's chart.
      (3) Established outpatient:
         a. Identification card.

PERFORMANCE GUIDE: (cont.)

b. Visual recognition.
NOTE: Non-verbal or disorientated patients may require a family member or third party (nursing staff, doctor, etc.) to establish positive identification.

4. Thank patient for information and direct to waiting area or treatment booth.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 87

TASK: Change patient's bandage or dressing.

STANDARD OF PERFORMANCE OF TASK:

Sterile bandage/dressing must be applied to the designated area utilizing and maintaining sterile techniques as ordered by physician. Patient's privacy must be provided for and maintained throughout the procedure.

CONDITIONS FOR PERFORMANCE OF TASK:

Tape
Gloves
Scissors
Sterile towel
Adhesive tape
Sterile gloves
Disposable pad
Patient's chart
Sterile forceps
Sterile dressing
Physician's order
Agency's procedures
Appropriate bandages
Soap, water, and towel
Mask or gown (if indicated)
Antiseptic or medicine (if indicated)

PERFORMANCE GUIDE:

1. Check physician's order and physical therapy treatment plan.
2. Verify patient's identification and explain procedure.
3. Assemble equipment and wash hands.
4. Provide for patient's privacy.
5. Position patient for easiest access.
6. Remove old dressing and place in disposable bag.
7. Inspect area to be dressed.
8. Wash hands.
9. Place sterile towel on bed/table.
10. Open sterile dressings and place on towel.
11. Don sterile gloves.

PERFORMANCE GUIDE: (cont.)

12. Cleanse wound if ordered.
13. Place sterile dressing on wound or incision.
14. Remove and discard gloves.
15. Tape dressing in place.
16. Ensure patient's comfort.
17. Clean and return equipment to storage.
18. Clean area.
19. Wash hands.
20. Chart and/or report information as required.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 88

TASK: Attach gait belt to patient.

STANDARD OF PERFORMANCE OF TASK:

Walking safety belt must provide patient with support and security throughout ambulation treatment.

CONDITIONS FOR PERFORMANCE OF TASK:

Gait belt
Gait train orders
Treatment table/bed

PERFORMANCE GUIDE:

1. Review gait training orders and physical therapy treatment plan.
2. Identify patient and explain procedure.
3. Move patient to sitting position.
4. Examine patient for waist and back problems.
5. Place robe or extra gown on patient.
6. Apply gait belt to patient around waist fairly tight.
7. Secure gait belt fasteners.
8. Verify that gait belt is snug and fastener secure.
9. Move patient to standing position, tighten or loosen belt if necessary.
10. Ensure patient's comfort.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 89

TASK: Instruct patient in bed mobility activities.

STANDARD OF PERFORMANCE OF TASK:

Dependent patient must be instructed in bed mobility activities including rolling, bending and flexing to increase chances of becoming more independent.

CONDITIONS FOR PERFORMANCE OF TASK:

Bed
Trapeze
Assistant/aide

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Greet patient and verify patient's identification.
3. Identify benefits of doing bed mobility activities to patient.
4. Explain and demonstrate bed mobility procedures to patient.
    A. Roll from side to side.
    B. Move from prone to supine.
    C. Move from supine to prone.
    D. Move from supine to sit.
    E. Move from sit to supine.
5. Explain and demonstrate how to use overhead trapeze.
    A. Bend both knees.
    B. Grasp both hands around trapeze bar.
    C. Push with feet and pull self up with hands.
6. Monitor and assist patient while they practice bed mobility activities.
7. Chart patient's bed mobility progress as required by physical therapy department.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 90

TASK: Adjust physical therapy devices.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy devices must fit patient securely, comfortably and provide support/assistance to patient as indicated in physical therapy treatment plan or physician's orders.

CONDITIONS FOR PERFORMANCE OF TASK:

Tools
Patient's chart
Physician's orders
Physical therapy devices
Manufacturer's instructions
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review manufacturer's instructions for the physical therapy device to be adjusted.
2. Greet patient and verify patient's identification.
3. Explain adjustment procedure to patient.
4. Position physical therapy device on patient.
5. Secure device in place and verify fit.
6. Readjust device for best fit and maximum patient comfort.
7. Secure adjustments so device does not slip once final adjustments have been made.
8. Verify patient's comfort.
9. Monitor patient while they practice using the physical therapy device.
10. Make fine adjustments when necessary as indicated by patient.
11. Record adjustment procedure on patient's chart.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 91

TASK: Apply protective restraints.

STANDARD OF PERFORMANCE OF TASK:

The protective restraints must restrict the movement of the applicable body part and must not interfere with the physical therapy treatment, patient's circulation or aggravate patient's other health problems. Application of protective restraints must be recorded on patient's chart.

CONDITIONS FOR PERFORMANCE OF TASK:

Bed/treatment table
Protective restraint (vest, belt or body, wrist or ankle, hand).
Physician's order or release form for restraints

PERFORMANCE GUIDE:

1. Verify order regarding application of restraints from physician.
2. Verify patient's identification.
3. Explain application of restraints procedure to patient.
   NOTE: Safety must be emphasized.
4. Provide privacy for patient.
5. Apply the selected restraints.
   A. Vest restraints.
      (1) Place vest over patient's clothing.
      (2) Ensure that clothing and vest are not wrinkled.
      (3) Secure straps to movable portion of bed frame.
   B. Belt or body restraint:
      (1) Fasten the top or smaller belt around the patient's waist.
      (2) Fasten the lower belt to the movable part of the bed frame.
   C. Wrist or ankle restraint:
      (1) Apply pad around wrist or ankle.

PERFORMANCE GUIDE: (cont.)

        (2) Pull strap through slit.
        (3) Attach strap to movable portion of bed frame using half-bow knot.
    D. Hand restraint:
        (1) Apply mitt to hand to be restrained making sure fingers are flexed and are not caught under hand.
        (2) Wash and exercise hand every 12 hours if mitt is worn for more than one day.

6. Check patient frequently for safety, comfort, and circulation.
7. Adjust protective restraint, as necessary.
8. Remove restraints every two hours or as frequently as needed.
9. Record the time, type of restraint applied, and the patient's tolerance of the restraints on patient's chart.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 92

TASK: Apply clean dressing.

STANDARD OF PERFORMANCE OF TASK:

The wound must be clean, dry and antibiotic cream or spray applied, and a sterile field around wound maintained. Sterile dressing must be positioned and secured over wound preventing contamination and infection of wound.

CONDITIONS FOR PERFORMANCE OF TASK:

Tape
Soap
Stool
Water
Washtub
Scissors
Clean hands
Latex gloves
Dressing cart
Sterile towel
Mask and gown
Trash container
Dressing/bandage
Examination table
Pillows/clean sheets
Antibiotic cream or spray
Contaminated linen hamper

PERFORMANCE GUIDE:

1. Select dressing from dressing cart.
2. Create sterile field and prepare dressing supplies.
3. Don latex gloves.
4. Remove old dressing.
   NOTE: Care must be taken when removing dressing. If dressing is adhered to wound, the wound could be reopened, causing the patient discomfort and creating a pathway for infection.

PERFORMANCE GUIDE: (cont.)

5. Evaluate the wound for size, depth, drainage and condition of surrounding tissue.
6. Identify area and amount of wound to be cleaned/debrided.
7. Clean and dry wound area.
8. Debride wound area if necessary within acceptable limits.
9. Apply antibiotic cream or spray to wound area as indicated by treatment plan.
10. Wrap or place sterile dressing on wound.
11. Secure dressing in place.
12. Place contaminated linens in laundry hamper.
13. Dispose of contaminated dressing in sterile trash container.
14. Wash hands with soap and warm water.
15. Ensure patient's comfort.
16. Record dressing change information on patient's chart.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 93

TASK: Apply elastic bandage.

STANDARD OF PERFORMANCE OF TASK:

Elastic bandages must be applied as ordered by physician. Elastic bandages must cover treatment area, fit snugly and smoothly, and allow for circulation.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Elastic bandages
Elastic bandage fastener
Soap, water, and towel
Physician's order/treatment plan

PERFORMANCE GUIDE:

1. Check physician's order/treatment plan.
2. Verify patient's identification and explain procedure.
3. Wash hands.
4. Provide for patient's privacy.
5. Expose patient's treatment area.
6. Apply elastic bandage to treatment area.
    A. Position patient so extremity to be wrapped with elastic bandage is level with the heart, ensuring patient's comfort.
    B. Wrap from distal to proximal part of extremity.
    C. Anchor beginning of bandage with snag clips.
    D. Apply bandage in a figure 8 with firm, even pressure, avoiding wrinkles.
    E. Ensure that area to be wrapped is completely covered.
    F. Anchor end of bandage.
7. Check pulse and observe skin color to ensure circulation.
    CAUTION: If circulation is impeded, remove elastic bandage immediately and rewrap bandage looser.
8. Ensure patient's comfort.

PERFORMANCE GUIDE: (cont.)

9. Chart procedure in accordance with department procedures.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 94

TASK: Apply topical ointment.

STANDARD OF PERFORMANCE OF TASK:

Topical ointment must be applied to patient's abrasion or laceration with minimal pain and discomfort to the patient. Abrasion/laceration must be covered by gauze and bandage/tape.

CONDITIONS FOR PERFORMANCE OF TASK:

Tape
Ointment
Gauze/bandage
Tongue depressor
Disposable gloves

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure.
2. Locate area of injury (abrasion/laceration, etc.).
3. Cleanse injury as directed.
   NOTE: Inform patient if cleansing or ointment will be painful.
4. Apply ointment to the:
   A. Gauze to be placed on injury.
   B. Patient's site of injuries by using a tongue depressor.
5. Secure gauze on injury with tape or bandage.
6. Ensure patient's comfort.
7. Record procedure on patient's chart.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 95

TASK: Apply antiembolism elastic stockings.

STANDARD OF PERFORMANCE OF TASK:

Elastic stockings must be applied as ordered by physician and must cover treatment area, fit snugly and smoothly, and allow for circulation to treatment area.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Soap, water, and towel
Physician's order/treatment plan
Elastic stockings (sized for correct fit)

PERFORMANCE GUIDE:

1. Review physician's order/treatment plan.
2. Verify patient's identification and explain procedure.
3. Wash hands.
4. Provide for patient's privacy.
5. Expose patient's treatment area.
6. Apply elastic stockings.
   A. Turn stocking inside out for half the stocking length.
   B. Slip stocking onto treatment area.
   C. Pull inverted portion of stocking over treatment area smoothing wrinkles and folds.
7. Check pulse and observe skin color to ensure circulation.
   CAUTION: If circulation is impeded, remove stocking immediately and verify correct stocking size.
8. Ensure patient's comfort.
9. Chart procedure in accordance with department procedures.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 96

TASK: Assist a patient who has fallen.

STANDARD OF PERFORMANCE OF TASK:

Fallen patient must be monitored and first aid provided as directed or according to agency's procedures until additional medical assistance arrives. Incident information must be charted and/or reported as required by agency guidelines.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient
Patient's chart
Agency's procedures
First aid kit

PERFORMANCE GUIDE:

1. Summon medical assistance.
2. Reassure patient who has fallen.
3. Identify possible injuries to patient.
4. Identify plan of action for assisting patient.
5. Initiate necessary first aid as needed, directed or according to agency's procedures, until help arrives.
6. Assist medical personnel as directed.
7. Record incident information on chart or report incident as required by agency's guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 97

TASK: Clean instruments and equipment.

STANDARD OF PERFORMANCE OF TASK:

Equipment/instruments must be washed, rinsed and disinfected so items are free of foreign matter and contamination. Manufacturer's cleaning instructions must be adhered to in cleaning.

CONDITIONS FOR PERFORMANCE OF TASK:

Pan
Mask
Water
Goggles
Plastic apron
Protective gloves
Detergents/cleaners
Disinfecting solutions
Cloths/sponges/brushes
Equipment/instruments to be cleaned
Equipment manufacturer's cleaning instructions

PERFORMANCE GUIDE:

1. Identify equipment to be cleaned.
2. Don safety attire.
3. Prepare cleaning solutions (detergent, rinse, and or disinfecting solutions).
4. Turn off and unplug electrical equipment.
5. Clean equipment/instruments.
    - A. Wash items with detergent solution using cloths, sponges, and brushes as needed.
    - B. Rinse items using clean water.
    - C. Sanitize equipment as required using desired disinfecting solutions.
    - D. Drain and dry smaller items as needed.
    - E. Inspect items to ensure they are clean.
6. Return items to storage after cleaning.
   CAUTION: Ensure electrical equipment is completely dry before plugging in.

PERFORMANCE GUIDE: (cont.)

7. Document cleaning activity as required by physical therapy department guideline.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 98

TASK: Stock equipment and supplies.

STANDARD OF PERFORMANCE OF TASK:

Supplies and equipment must be organized and stored according to manufacturer's recommendations. Perishable items must be dated.

CONDITIONS FOR PERFORMANCE OF TASK:

Labels
Storage areas
Supplies/equipment
Stock room inventory sheet

PERFORMANCE GUIDE:

1. Identify areas to be used for storing items.
2. Select areas within the storage areas to be used for storing specific items.
3. Inspect integrity of packages and check expiration dates.
4. Place items in the designated area.
   NOTE: Rotate stock as applicable so new supplies are behind older supplies.
5. Date perishable items.
6. Update stock room inventory sheet.
7. File inventory sheet according to physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 99

TASK: Wash hands aseptically.

STANDARD OF PERFORMANCE OF TASK:

Hands, wrists, forearms, and fingernails must be clean, dry, and free of pathogenic microorganisms.

CONDITIONS FOR PERFORMANCE OF TASK:

Sink
Towel
Water
Lotion
Scrub brush
Soap or cleansing agent

PERFORMANCE GUIDE:

1. Adjust water temperature to warm.
2. Wet hands thoroughly with water, holding hands downward.
3. Apply soap or cleansing agent.
4. Wash hands and arms, using friction for approximately 30 seconds:
   A. Wash palms and backs of hands.
   B. Wash fingers in rotary motions.
   C. Wash wrists and forearms using friction for 10-15 seconds.
5. Rinse arms and hands well.
6. Clean fingernails using scrub brush.
7. Rinse hands again.
8. Turn water off, using foot/knee pedal or paper towel.
9. Dry hands well.
10. Apply lotion/powder to hands as situation dictates.

SOURCE OF STANDARD:

Writing team of incumbent workers
V-TECS nuclear medicine catalog

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 100

TASK: Assist patient with catheters and drainage tubes.

STANDARD OF PERFORMANCE OF TASK:

Catheters and drainage tubes must be located below the level of the patient's bladder. The drainage tube must be free of kinks and obstructions.

CONDITIONS FOR PERFORMANCE OF TASK:

Catheter
Hanging post
Drainage bag and tubing

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure.
2. Observe location of catheter and bag.
3. Remove catheter from storage location on:
   A. Bed side steel rail.
   B. Wheelchair hanging post.
4. Place bag within tubing allowance while working with patient.
5. Hang bag below level of patient's bladder with tubing looped.
6. Transfer patient back to bed or wheelchair.
7. Place bag catheter in bedside rail compartment.
8. Ensure that the tubing is straight.
9. Report any patient's complaints or catheter leakage immediately.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 101

TASK: Adjust bed and side rails.

STANDARD OF PERFORMANCE OF TASK:

Patient's bed and side rails must be adjusted according to patient treatment to be given or patient's personal needs.

CONDITIONS FOR PERFORMANCE OF TASK:

Chart
Bed rails
Patient's bed
Bed adjustments
Patient's nursing plan sheet
Manual/electrical controls

PERFORMANCE GUIDE:

1. Review physician's order and physical therapy plan treatment.
2. Verify patient's identification and explain procedure.
3. Identify optimum height for patient's bed.
    A. Lower bed to lowest level before making a transfer.
    B. Raise bed to your height when doing a bedside patient treatment.
4. Identify type of bed adjustment controls and adjust bed.
    A. Manually operated bed:
        (1) Pull out hand crank at center in foot of bed and turn clockwise to raise or counterclockwise to lower bed.
        (2) Pull out hand crank at left-hand side of bed (below footboard) and turn clockwise to raise or counterclockwise to lower head of bed.
        (3) Pull out hand crank at right-hand side of bed (below footboard) and turn clockwise to raise foot or counterclockwise to lower foot of bed.
            NOTE: Replace cranks to unengaged position.

PERFORMANCE GUIDE (cont.)

- B. Electrically operated bed:
  - (1) Push "Head Up" or "Head Down" to raise or lower head of bed.
  - (2) Push "Foot Up" or "Foot Down" to raise or lower foot of bed.
  - (3) Push "Bed Up" or "Bed Down" to raise or lower bed.

5. Position bed side rails:
   - A. Lower side rails:
     - (1) Locate side rails release mechanism.
     - (2) Engage side rails release mechanism.
     - (3) Push down on the top ends of the side rail until rail will not go down any farther.
       CAUTION: Keep hands flat on top of rails to prevent pinching fingers. Double check that rail is down as far as it will go.
   - B. Raise side rail:
     - (1) Grasp the top bar of the side rail in the middle with both hands.
     - (2) Raise the side rail firmly but slowly until the lock mechanisms click in place.
       CAUTION: Always make sure that patient's body parts, drainage tubes, and hospital equipment is clear of rail before raising.
     - (3) Push down firmly on top of rail to ensure it is locked in position.
6. Ensure patient's comfort.
7. Place call light/button within patient's reach.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 102

TASK: Prepare physical therapy area for treatment.

STANDARD OF PERFORMANCE OF TASK:

Necessary equipment, supplies, and materials must be identified, assembled, positioned for treatment administration, according to established departmental policies. Aseptic techniques must be maintained.

CONDITIONS FOR PERFORMANCE OF TASK:

Physician's request
Sterile linens
Disinfectant
Clean cloth/sponge
Physical therapy equipment/supplies
Table/chair/stool

PERFORMANCE GUIDE:

1. Wipe treatment table with disinfectant.
2. Drape treatment table with clean linens, maintaining aseptic technique.
3. Verify next therapy treatment and equipment/ supplies needed.
4. Assemble needed equipment/supplies and position at location in treatment area, according to established department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 103

TASK: Prepare patient for treatment.

STANDARD OF PERFORMANCE OF TASK:

The patient must be gowned or have treatment area exposed, patient must be positioned, required information collected and patient's questions answered. All materials must be removed from area to be treated. The patient must be provided privacy and be covered with a sheet until treatment begins.

CONDITIONS FOR PERFORMANCE OF TASK:

Sheet
Examination gown
Physician's orders
Treatment room/booth
Treatment table/chair
Patient's identification
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Check physician's order/treatment plan for type of treatment.
2. Greet and identify patient.
3. Determine patient's physical ability.
4. Instruct patient to remove any clothing or other items in the area to be treated.
   NOTE: Bandages, splints, and supports should be removed only with physician's orders.
5. Instruct patient to put on examination gown when necessary:
   A. Explain how patient is to don gown.
   B. Explain what patient is to do with clothing and valuables.
   C. Assist patient in removing clothing and donning gown as necessary.
6. Perform pre-examination preliminaries:
   A. Obtain patient's pertinent medical history.

PERFORMANCE GUIDE (cont.)

- B. Have patient sign consent forms.
- C. Check treatment area for sensation and integrity of skin.

7. Position patient on examination table/chair keeping in mind patient's comfort and appropriateness for treatment.
8. Explain procedure to patient and answer patient's questions concerning treatment:
   - A. What to expect from treatment.
   - B. What is expected from the patient during treatment.
   - C. Hazards and precautions.
   - D. Indications and contraindications.
9. Cover patient with a sheet and assure patient's comfort/privacy and warmth.

SOURCE OF STANDARD:

Writing team of incumbent workers
Manual for physical agents

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 104

TASK: Set up equipment and supplies for treatment.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy equipment and supplies needed to perform physical therapy treatment must be identified, located, transferred to treatment area and positioned as indicated by the treatment plan prior to the arrival of the patient.

CONDITIONS FOR PERFORMANCE OF TASK:

Physician's orders
Physical therapy treatment plan
Physical therapy treatment room/booth
Physical therapy equipment and supplies

PERFORMANCE GUIDE:

1. Check scheduling log for next patient.
2. Review treatment plan/physician's orders for planned physical therapy treatment.
3. Identify physical therapy equipment and supplies needed to complete the planned physical therapy treatment.
4. Position therapy equipment and supplies according to treatment plan/physician's orders.
   NOTE: Keep equipment cords out of traffic pattern.
   CAUTION: Position therapy equipment so that patient cannot touch it while in operation.
5. Verify that equipment is functioning correctly and that all needed supplies are present.
   CAUTION: If equipment is not functioning according to specifications, DO NOT USE IT!
6. Notify therapist that treatment room/booth is ready for indicated patient's treatment.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 105

TASK: Clean work area.

STANDARD OF PERFORMANCE OF TASK:

Work area must be free of clutter, dirt, spills and unnecessary equipment. Work area must have a clean, safe and aesthetic appearance.

CONDITIONS FOR PERFORMANCE OF TASK:

Mop
Soap
Water
Broom
Bucket
Dustpan
Dust cloth
Work area
Disinfectant

PERFORMANCE GUIDE:

1. Pick up discarded materials and dispose of them.
2. Sweep up any foreign material on floor.
3. Mop or wipe up any spills on treatment table or floor.
4. Dust equipment in work area.
5. Remove linens from treatment table and place in laundry.
6. Wipe treatment table with disinfectant.
7. Place clean linens on treatment table.
8. Wipe off equipment and return unneeded equipment to storage.
9. Check that remaining equipment cords are out of traffic path.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 106

TASK: Report unsafe conditions.

STANDARD OF PERFORMANCE OF TASK:

Unsafe conditions must be identified and reported to physical therapy director. Precautions must be taken to prevent accidents until corrective action can be taken.

CONDITIONS FOR PERFORMANCE OF TASK:

Telephone
Repair requisitions
Safety precaution signs
Unsafe conditions report form

PERFORMANCE GUIDE:

1. Check physical therapy department for unsafe conditions.
2. Remove patient from unsafe area.
3. Identify type of unsafe condition and notify staff personnel:
   A. Housekeeping (spill on floor, disposal of materials, etc.):
      (1) Call or page housekeeping.
      (2) When housekeeper arrives, show the condition to him.
   B. Engineering (electric, water, lighting, heat, etc.):
      (1) Write out requisition for engineering.
      (2) Have department head sign form.
      (3) Take requisition to engineering.
      (4) When engineer comes, show him location of unsafe condition.
   C. Nursing staff (patient transfer, patient support devices):
      (1) Call nursing staff.
      (2) Identify patient needing help.
      (3) Explain unsafe condition:
         a. Drainage bag full.
         b. I.V. empty.
         c. Patient transfer.

PERFORMANCE GUIDE (cont.)

4. Notify personnel of status of unsafe condition:
    A. Emergency.
    B. STAT.
    C. ASAP.
    D. When convenient.
5. Position patients/visitors away from the unsafe conditions.
6. Take precautions to prevent accidents between time of reporting unsafe condition and corrective action:
    A. Put up warning sign.
    B. Block off area.
7. Report unsafe condition and corrective action taken to supervisor.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 107

TASK: Follow departmental safety, emergency, and disaster procedures.

STANDARD OF PERFORMANCE OF TASK:

Reaction to emergency must match the nature of the emergency. Standard procedures and specific interactions must be carried out in an efficient and speedy manner. Techniques and measures used must be identified and implemented to preserve patient's safety and handle the emergency.

CONDITIONS FOR PERFORMANCE OF TASK:

Staff
Patient's chart
Physical therapy department emergency plan

PERFORMANCE GUIDE:

1. Recognize emergency alarm and determine type of emergency:
   - A. Fire.
   - B. Tornado.
   - C. Bomb treat.
   - D. Medical emergency.
2. Perform tasks assigned by chief therapist.
3. Inform patients of evacuation procedures.
4. Maintain calm atmosphere throughout evacuation procedures.
5. Direct patients and staff to designated safe area.
6. Identify and evacuate immobile patients.
7. Keep telephone lines open for emergency.
8. Follow additional instructions from chief therapist.
   NOTE: Follow agency's procedures in lieu of the above wherever dictated.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 108

TASK: Instruct patient in use of assistive, supportive and rehabilitative devices.

STANDARD OF PERFORMANCE OF TASK:

The patient must be informed regarding the function and usage of the assistive equipment or supportive/rehabilitative device including purpose, placement, usage and care of the equipment/device in accordance with manufacturer's instructions and physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Physician's orders
Assistive equipment
Supportive/rehabilitative device
Assistive equipment
Department policy/procedure manual
Physical therapy treatment plan
Manufacturer's instructions/information for supportive device
Manufacturers instructions/information for assistive equipment

PERFORMANCE GUIDE:

1. Review patient's treatment plan or physician's order and identify equipment or device to be used.
2. Assemble manufacturer's information/instructions for assistive equipment or supportive/rehabilitative device to be used.
3. Review manufacturer's information/instructions and department policy/procedures.
4. Greet patient and explain procedure.
5. Explain function of the assistive equipment or supportive/rehabilitative device to patient.
6. Answer patient's questions.

PERFORMANCE GUIDE: (cont.)

7. Demonstrate the equipment or device using:
    A. Assistive equipment:
        (1) How to get into equipment.
        (2) Safety devices on equipment.
        (3) How to operate equipment.
        (4) How to get out of equipment.
    B. Supportive/rehabilitative device:
        (1) How to put on device.
        (2) How to function with supportive device on.
        (3) How to remove supportive device.
8. Supervise patient while they practice using the equipment or device.
    CAUTION: Ensure the patient's comfort with the fit of the equipment or device prior to practice.
    NOTE: Answer questions the patient has during the demonstration.
9. Demonstrate care procedures for the equipment or device:
    A. Sanitation procedures.
    B. Damage inspection procedures.
    C. Storage procedures.
10. Supervise patient while practice care procedures for the equipment or device.
11. Record date and time of training session in patient's treatment plan/chart.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 109

TASK: Operate timing device.

STANDARD OF PERFORMANCE OF TASK:

Timing device must be set for the prescribed time of treatment. Timing device signal must be audible throughout physical therapy department.

CONDITIONS FOR PERFORMANCE OF TASK:

Mechanical timer
Electrical timer
Patient's treatment plan

PERFORMANCE GUIDE:

1. Review patient's treatment plan for planned treatment time duration.
2. Identify type of timing device and verify that it functions correctly:
    - A. Mechanical timing device.
    - B. Electrical timing device.
3. Set timing device for indicated treatment time:
    - A. Mechanical timing device:
        - (1) Grasp handle on face of timing device.
        - (2) Turn timer face clockwise to indicated time.
          NOTE: Timer will start as soon as face is released.
        - (3) Listen for ding indicating end of treatment time.
    - B. Electrical timer:
        - (1) Locate and depress timer set button.
        - (2) Set number of minutes indicated for treatment time.
        - (3) Depress timer start button.
        - (4) Listen for tone indicating end of treatment time:
            - a. Ringing.
            - b. Beeping.

PERFORMANCE GUIDE: (cont.)

        c. Buzzing.
        d. Music.
    4. Turn off timing device.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 110

TASK: Conduct preventive maintenance testing on physical therapy equipment.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy equipment must be free of mechanical malfunctions, functional operations and safety device. Physical therapy equipment must operate within manufacturer's specification.

CONDITIONS FOR PERFORMANCE OF TASK:

Manual
Machine
Tools (if needed)

PERFORMANCE GUIDE:

1. Identify machine to be tested.
2. Obtain manufacturer's manual.
3. Follow steps in manual section.
4. Check equipment for workability.
5. Inform supervisor and co-workers if equipment is not functioning within specifications.
6. Post "Out of Order" sign on equipment until it can be fixed.
7. Record testing date and results in department records.
   NOTE: If repairs are made, always retest to ensure function.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 111

TASK: Order equipment and supplies.

STANDARD OF PERFORMANCE OF TASK:

Purchase order preparation must include item name, description of each item, cost, vendor's name and address, quantity needed and purchase authorization by department director.

CONDITIONS FOR PERFORMANCE OF TASK:

Catalogs
Order forms
Mail service
Inventory ledger

PERFORMANCE GUIDE:

1. Identify items needed.
2. Record descriptive information for each item.
3. Consult catalogs and/or sales representatives to compare cost, delivery date, and features.
4. Send order out for bid, if departmental policy dictates.
5. Select desired vendor.
6. Complete purchase order form:
   A. Name and address of vendor.
   B. Item name and description.
   C. Cost.
   D. Quantity.
   E. Method of shipping.
7. Obtain authorization for purchase from department director.
8. Copy of the purchase requisition:
9. Forward original purchase order form to vendor.
10. File copy of the purchase order in department files.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 112

TASK: Clean whirlpool bath.

STANDARD OF PERFORMANCE OF TASK:

Whirlpool must be drained of contaminated water and scrubbed using a germicidal cleaner according to department regulations. Whirlpool must be aerated for 5 minutes after scrub and double scrubbed after open wound treatment.

CONDITIONS FOR PERFORMANCE OF TASK:

Hose
Mask
Water
Bucket
Goggles
Whirlpool
Scrub brush
Spray nozzle
Latex gloves
Germicidal cleaning solution

PERFORMANCE GUIDE:

1. Don protective clothing:
    - A. Mask.
    - B. Gloves.
    - C. Goggles.
    - D. Gown.
2. Drain contaminated water from tank.
3. Squirt germicidal cleaner on walls of whirlpool.
4. Scrub the whirlpool tank, turbine and tank equipment from top to bottom.
5. Run water into whirlpool hosing down walls.
6. Fill the tank with water of 115 degrees and aerate for 5 minutes.
7. Drain whirlpool tank.
8. Refill tank with hot water, and let stand for 5 minutes.

PERFORMANCE GUIDE (cont.)

9. Rinse whirlpool tank and equipment with a sponge.
   NOTE: Repeat procedure when treating an open wound (double scrub).
10. Drain tank and let dry.
    CAUTION: Secondary sterilization may be required prior to treating a burn patient.
11. Wipe inside of whirlpool with alcohol.

SOURCE OF STANDARD:

Writing team of incumbent workers
Physical therapy procedures

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 113

TASK: Clean paraffin bath.

STANDARD OF PERFORMANCE OF TASK:

Paraffin in paraffin bath must be free of dust and foreign matter. Burnt or scorched paraffin must be removed from paraffin bath and replaced with fresh paraffin.

CONDITIONS FOR PERFORMANCE OF TASK:

Gauze
Knife
Paraffin
Trash bag
Mineral oil
Dipper/spoon
Paper towels
Paraffin bath

PERFORMANCE GUIDE:

1. Unplug paraffin bath.
2. Identify type of cleaning to be performed:
    A. Remove foreign matter from paraffin:
        (1) Dirt, dust, dead skin:
            a. Dip foreign matter from liquid paraffin using a spoon or dipper or strain melted paraffin through a piece of gauze.
               CAUTION: Do not pour melted paraffin directly out of paraffin bath.
            b. Pour contaminated paraffin into trash bag.
            c. Replace removed paraffin with new paraffin block.
               NOTE: Allow new paraffin block to melt completely before using paraffin bath.

PERFORMANCE GUIDE (cont.)

(2) Water accumulation:
  a. Add several tablespoons of boric acid to the liquid paraffin.
     NOTE: Boric acid will tend to pool the accumulated water in one area.
  b. Allow paraffin to become solid.
  c. Create hole through solid paraffin to water pocket.
  d. Drain water from paraffin bath into sink.
  e. Cut around edge of solid paraffin so it falls into bottom of paraffin bath.
     NOTE: Cutting the solid paraffin into small blocks will quicken the melting process.
  f. Reheat paraffin bath until all of the paraffin is melted.

B. Remove burnt or scorched paraffin:
  (1) Dip as much melted paraffin as possible from the paraffin bath using a dipper and pour it in a trash bag.
  (2) Remove as much of the remaining melted paraffin using a spoon or by blotting it up with paper towels.
  (3) Allow remaining paraffin to cool and become solid.
  (4) Peel solid paraffin from bottom and sides of paraffin bath.
  (5) Wipe inside of paraffin bath with dry paper towels.
  (6) Cut new paraffin into 3 inch by 3 inch block and allow to melt until bath is full.
      NOTE: Amount of paraffin needed to fill bath will depend on the size of bath.
  (7) If paraffin blocks do not contain oil, add mineral oil to melted paraffin to facilitate removal of dry paraffin from patient's skill.
      NOTE: Amount of mineral oil added will depend on amount of paraffin added. Approximately one ounce mineral oil per one pound of paraffin. See paraffin bath manufacturer's instructions for exact amounts.

PERFORMANCE GUIDE (cont.)

3. Position paraffin bath in storage location and connect power source.
4. Cover paraffin bath with lid after all paraffin has melted.

SOURCE OF STANDARD:

Writing team of incumbent workers
Physical agents for physical therapists

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 114

TASK: Clean electrically powered equipment.

STANDARD OF PERFORMANCE OF TASK:

Electrically powered equipment must be free of dust, dirt and other foreign matter.

CONDITIONS FOR PERFORMANCE OF TASK:

Goggles
Plastic apron
Protective gloves
Nonabrasive cleaner
Clean lint-free cloth
Electrically powered equipment

PERFORMANCE GUIDE:

1. Identify electrically powered equipment to be cleaned.
2. Don safety attire.
3. Unplug electrically powered equipment.
4. Apply nonabrasive cleaner to area to be cleaned.
5. Rub cleaner with clean, lint-free cloth.
6. Dry cleaned area with dry, lint-free cloth.
7. Wipe areas of equipment that come in contact with patient with a disinfectant.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 115

TASK: Clean non-electrically powered equipment.

STANDARD OF PERFORMANCE OF TASK:

Non-electrically powered equipment must be free of dust, dirt and foreign matter.

CONDITIONS FOR PERFORMANCE OF TASK:

Soap
Water
Bucket
Sponge
Goggles
Disinfectant
Plastic apron
Protective gloves
Clean, dry, lint-free cloth
Non-electrically powered equipment

PERFORMANCE GUIDE:

1. Identify non-electrically powered equipment to be cleaned.
2. Don safety attire.
3. Mix soap and warm water in a bucket.
4. Wash down equipment with warm soap water.
5. Dry equipment with clean, lint-free cloth.
6. Wipe areas of equipment that come in contact with patient with a disinfectant.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 116

TASK: Make ice massage sticks.

STANDARD OF PERFORMANCE OF TASK:

Ice massage stick must be a solid block of ice and sized for the area to be massaged.

CONDITIONS FOR PERFORMANCE OF TASK:

Water
Styrofoam cups
Popsicle stick
Ice stick trays
Ice stick handles

PERFORMANCE GUIDE:

1. Locate container for ice massage stick.
   A. Ice stick tray.
   B. Styrofoam cups.
2. Fill ice stick container 3/4 full of warm water.
3. Cover top of container with plastic wrap or aluminum foil.
4. Push popsicle stick or ice stick handle through wrap or foil so stick/handle is centered in cup.
   NOTE: Ice massage sticks can be made without handles but are messier and harder to hold.
5. Place ice stick container in freezer in an upright and level position.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 117

TASK: Repair physical therapy equipment.

STANDARD OF PERFORMANCE OF TASK:

Repaired equipment must function in the manner designed and must operate within manufacturer's specifications.

CONDITIONS FOR PERFORMANCE OF TASK:

Tools
Replacement parts
Manufacturer's manual
Equipment to be repaired

PERFORMANCE GUIDE:

1. Identify machine to be repaired and locate manufacturer's manual.
2. Locate repair problem:
    - A. Loose part.
    - B. Broken part.
3. Assemble needed tools and replacement parts.
4. Repair problem.
    - A. Tighten loose parts.
    - B. Replace broken part.
    - C. Adjust equipment calibration.

    NOTE: Always follow manufacturer's specifications and guidelines. DO NOT IMPROVISE!
5. Clean work area and equipment.
6. Return tools and spare part to storage area.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 118

TASK: Assemble physical therapy equipment.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy equipment must be assembled following manufacturer's guidelines and specifications. Newly assembled equipment must pass all test and be within manufacturer's specifications/tolerances.

CONDITIONS FOR PERFORMANCE OF TASK:

Tools
Manufacturer's instructions manual
Unassembled physical therapy equipment

PERFORMANCE GUIDE:

1. Locate unassembled physical therapy equipment.
2. Review manufacturer's instruction manual.
3. Assemble needed tools and materials.
4. Follow steps in manufacturer's instruction manual.
5. Verify assembly step were followed in sequence.
6. Test newly assembled equipment following manufacturer's guidelines and specifications.
7. Call service repair person if equipment failed test specifications.
8. Return tools to storage.
9. Clean work area.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 119

TASK: Conduct culture tests.

STANDARD OF PERFORMANCE OF TASK:

Cultures tests must be taken from indicated equipment at prescribed times to determine the presence of infectious growth. Culture sticks must be labeled with equipment name and date culture test was performed.

CONDITIONS FOR PERFORMANCE OF TASK:

Labels
Culture sticks
Equipment to be cultured

PERFORMANCE GUIDE:

1. Identify equipment to be cultured.
2. Remove culture sticks from sterile package.
3. Label culture sticks:
   - A. Name of equipment cultured.
   - B. Date of culture.
4. Wipe culture stick on inside of equipment to be cultured.
5. Send culture sticks to lab.
6. Document culture results for quality assurance program.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 120

TASK: Contact Bio-Med for re-evaluating modality equipment.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy assistant/aide must contact Bio-med personnel to arrange re-evaluation of physical therapy modality equipment. Physical therapy assistant/aide must provide Bio-med with requested information and assistance.

CONDITIONS FOR PERFORMANCE OF TASK:

Telephone
Modality equipment
Sticker tag on equipment

PERFORMANCE GUIDE:

1. Check modalities equipment for date of last evaluation.
2. Telephone Bio-Med personnel and arrange re-evaluation time.
3. Show Bio-Med personnel which machines need re-evaluated.
4. Expose sticker tag on back of machine to Bio-Med.
5. Document re-evaluation information for quality control program.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 121

TASK: Clean hydrocollator units.

STANDARD OF PERFORMANCE OF TASK:

Hydrocollator units must be cleaned and disinfected periodically in accordance with manufacturer's and departmental guidelines and regulations. Hydrocollator hot units' heating elements must be free of water and mineral deposits. Hydrocollator cold units must free of frost and ice buildup.

CONDITIONS FOR PERFORMANCE OF TASK:

Table
Water
Towels
Mild soap
Wash basin
Disinfectant
Drain or drain pan
Hydrocollator hot unit
Hydrocollator cold unit
Sponge or clean wash cloth

PERFORMANCE GUIDE:

1. Unplug unit's line cord.
2. Lay towels out on table or flat surface.
3. Remove packs from unit and lay flat on towels or put hot packs in whirlpool filled with hot water.
   NOTE: Do not allow packs to dry out as they will become hard and brittle.
4. Position hydrocollator unit over floor drain or drain pan.
5. Drain hydrocollator unit:
   A. Cold unit:
      (1) Open lid and allow frost to melt.
          NOTE: Do not chip away any ice. Chipping ice can cause damage to the unit.

PERFORMANCE GUIDE: (cont.)

        (2) Locate unit's drain plug and open drain after unit is defrosted.
    B. Hot unit:
        (1) Open lid and allow unit to cool off.
        (2) Locate unit's drain plug and open after water has cooled.

6. Wash the insides of unit using a mild disinfectant, lukewarm water and a mild soap.
7. Rinse inside of unit with drain open.
8. Wipe remaining moisture from inside of unit and allow it to dry.
9. Close drain plug.
10. Return hydrocollator unit to operation:
    A. Cold unit:
        (1) Move unit back to its storage location and plug in.
        (2) Return cold packs to unit.
        (3) Allow packs to chill at least overnight before use.
    B. Hot unit:
        (1) Move unit back to its storage location and fill with water.
        (2) Return packs to hanging racks.
        (3) Plug in unit and allow packs to heat up overnight.
11. Close unit lid.
12. Return cleaning supplies to storage area.

SOURCE OF STANDARD:

Writing team of incumbent workers
Physical therapy procedures

DUTY: PERFORMING SUPPORT SERVICES

PERFORMANCE OBJECTIVE NO. 122

TASK: Dispose of contaminated materials.

STANDARD OF PERFORMANCE OF TASK:

Contaminated materials must be separated, placed in bags, sealed, labeled and sent to appropriate disposal destination following agency guidelines.

CONDITIONS FOR PERFORMANCE OF TASK:

Gown
Mask
Labels
Goggles
Collection bags
Disposable gloves
Additional workers
Soap, water and towel
Materials for disposal
Agency's disposal procedures

PERFORMANCE GUIDE:

1. Don safety attire.
2. Collect materials for disposal and separate according to the following suggested groupings:
   A. Soiled and clean linens.
   B. Glasses, dishes, and metal utensils.
   C. Opened solutions, packets of dressing, and disposable instruments.
   D. Papers, disposable paper, plastic goods, etc.
   NOTE: Follow agency's procedures for disposal of needles and syringes.
3. Place materials in double bags.
4. Seal tops by folding down several times.
5. Place sealed bags in clean bag held by clean worker outside the room.
6. Label bags and send to destination for disposal according to agency's procedures.
7. Remove isolation garb.
8. Place in clean bag held by clean worker outside room.

PERFORMANCE GUIDE: (cont.)

NOTE: Ensure that clean worker has closed and labeled bag securely for transportation to disposal destination.

9. Wash hands thoroughly before returning to therapy area.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 123

TASK: Interpret physical therapy patient's treatment plan.

STANDARD OF PERFORMANCE OF TASK:

Assistant/aide's interpretation of the physical therapy treatment plan must match the physical therapist's interpretation and the physician's intended treatment.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Read physical therapy patient plan thoroughly.
2. Record questions or discrepancies.
3. Contact therapist and discuss treatment plan.
4. Note of any clarifications given.
5. Share clarifications with other assistants/aides.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 124

TASK: Consult physical therapist on patient progress.

STANDARD OF PERFORMANCE OF TASK:

Physical therapist must be notified immediately of problems or questions concerning patient's treatment or reaction to treatment. Notification must be made periodically of general patient progress.

CONDITIONS FOR PERFORMANCE OF TASK:

Paper
Progress notes
Patient's chart

PERFORMANCE GUIDE:

1. Contact therapist via telephone or in person.
2. Verify which patient is to be discussed and specifics of treatment plan.
3. Communicate progress made or concerns regarding patient status.
4. Note changes in treatment plan or therapist's comments.
5. Inform other assistants/aides of treatment plan changes and therapist's comments.
6. Document meeting with therapist and changes in treatment plan or therapist's comments.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 125

TASK: Assess patient's progress and the effectiveness of treatment plan.

STANDARD OF PERFORMANCE OF TASK:

Patient progress and effectiveness of treatment plan must be routinely evaluated to identify specific patient problems and progress towards patient's treatment plan goals.

CONDITIONS FOR PERFORMANCE OF TASK:

Paper
Patient's chart

PERFORMANCE GUIDE:

1. Verify patient's identification.
2. Review patient's chart and physical therapy treatment plan.
3. Communicate with patient about:
    - A. How they feel.
    - B. What they think of their treatment.
    - C. Any suggestions or comments they have.
4. Evaluate how effective the treatment is and how patient is progressing.
5. Document patient's feelings toward treatment and progress made towards patient's physical therapy treatment goals.
6. Inform physical therapist of patient's progress assessment.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 126

TASK: Complete patient's progress charts.

STANDARD OF PERFORMANCE OF TASK:

Patient's physical therapy treatment information must be recorded in patient's progress chart including: treatments received, date received, assistant/aides notes, treatment indications and contraindications, and patient's progress assessment. All entries must be legible and entered in accordance with physical therapy department guidelines.

CONDITIONS FOR PERFORMANCE OF TASK:

Treatment information
Patient's progress chart

PERFORMANCE GUIDE:

1. Locate patient's progress chart.
2. Assemble patient's treatment information.
3. Review patient's treatment information.
4. Record treatment information in patient's progress chart:
    - A. Physical therapy treatments received.
    - B. Date treatments received.
    - C. Assistant's/aide's treatment notes.
    - D. Treatment indications and contraindications.
    - E. Patient's progress assessment.
5. Sign and date progress chart entry.
6. File patient's progress chart for future use.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 127

TASK: Conduct posture assessments.

STANDARD OF PERFORMANCE OF TASK:

Patient's postural assessment must identify deviations from normal body alignment in sitting, walking, standing and prone positions. Possible causes and physical therapy treatments of postural deviations must be identified.

CONDITIONS FOR PERFORMANCE OF TASK:

Tape measure
Treatment table/chair
Posture assessment form

PERFORMANCE GUIDE:

1. Review physician's orders and obtain postural assessment forms.
2. Greet patient and verify patient's identification.
3. Explain the purpose of a postural assessment and the procedure that will be followed.
4. Observe patient in different positions:
   A. Sitting.
   B. Standing.
   C. Walking.
   D. Prone (lying down).
5. Assess patient from anterior, posterior and lateral views for each position.
6. Identify and note deviations from normal postural alignment.
7. Perform measurements as indicated:
   A. Leg length.
   B. Muscle length.
   C. Chest expansion.
   D. Other measurements indicated by physician.
8. Identify possible causes of postural deviations.
9. Document postural assessment results.

PERFORMANCE GUIDE: (cont.)

10. Consult with physical therapist, physician, or other health professionals about possible physical therapy treatment or additional tests.
11. Place copy of postural assessment in patient's chart.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 128

TASK: Plan activities of daily living.

STANDARD OF PERFORMANCE OF TASK:

Activities of daily living treatment plan must encourage patient to assume greater self responsibility in the areas of bed activities, hygiene, eating activities, bathroom activities, dressing activities, communication, hand activities, elevation and walking as prescribed by physical therapist.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Physician's order
Activities of daily living testing materials
Activities of daily living evaluation checklist

PERFORMANCE GUIDE:

1. Review patient's chart for activities of daily living (ADL) history and social assessment of patient's needs.
2. Select evaluation tools and activities necessary to assess patient's potential level of function.
3. Secure appropriate equipment, space and time for patient's ADL testing.
4. Greet patient and verify patient's identification.
5. Provide clear, concise explanations and instructions to the patient.
6. Assure patient's safety by using good body mechanics and provide assistance when needed during testing.
7. Establish the patient's level of independence and requirements for ADL assistance for:
    A. Bed activities.
    B. Hygiene.
    C. Eating activities.
    D. Bathroom activities.

PERFORMANCE GUIDE: (cont.)

   E. Dressing activities.
   F. Communication.
   G. Hand activities.
   H. Elevation.
   I. Walking.
8. Complete ADL evaluation checklist.
9. Plan activities that provide and encourage patient to assume greater self responsibility.
10. Identify activities that relate to outside world activities.
11. Formulate comprehensive ADL treatment plan.
12. Discuss ADL plan with physical therapist and referring physician.
13. Document physical therapist's and physician's comments and suggestions regarding ADL treatment plan.
14. Report ADL treatment planning activity as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers
V-TECS nursing assistant catalog

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 129

TASK: Plan work hardening activities.

STANDARD OF PERFORMANCE OF TASK:

Work hardening activities must be planned to rehabilitate a patient according to his skills needed on the job scene. Work hardening programs requires a doctor's prescription, diagnosis, work evaluation form and physical therapist evaluation. Work hardening activities must be in accordance with physical therapy treatment plan and physician's orders without deviation.

CONDITIONS FOR PERFORMANCE OF TASK:

Mats
Rocks
Boxes
Bucket
Shelves
Physician's orders
Patient's diagnosis
Work evaluation form
Physical therapist's evaluation
Gloves
Weights
Shovels
Ladder
Cybex/orthotron

PERFORMANCE GUIDE:

1. Review physical therapist's evaluation form and physical therapy treatment plan.
2. Collect information from patient job description evaluation form about actual job duties:
   A. Walking.
   B. Lifting.
   C. Bending.
   D. Stooping.
   E. Shoveling.
   F. Climbing.
   G. Lifting weights.
   H. Carrying.

PERFORMANCE GUIDE: (cont.)

   I. Pushing.
   J. Pulling.
   K. Twisting.
   L. Other.

3. Examine patient's limitations in the areas of:
   A. ROM (range of motion).
   B. Strength.
   C. Balance.
   D. Endurance.
4. Plan patient's preliminary exercises according to patient's injury and limitations.
5. Instruct patient in exercise plan.
6. Separate exercises into treatment times of 15 minute blocks or number of repetitions required.
7. Initiate patient on half-day plan and progress to full day plan.
8. Add progressive exercise to patient's plan each visit:
   A. Weights.
   B. Tasks.
   C. Time.
   D. Exercises.
   E. Repetitions.
9. Assess patient's condition after each visit and adjust treatment plan accordingly.
10. Progress patient to independent program and eventually independent work force.
11. Document work hardening activities and patient's progress according to physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 130

TASK: Consult with physician about patient's treatment plan.

STANDARD OF PERFORMANCE OF TASK:

Patient's medical information/history and planned physical therapy treatment procedures must be discussed with physician prior to the administration of physical therapy treatment. The treatment plan must be clarified such that interpretation of the plan is identical to physician's intentions.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Physician's orders
Requesting physician
Patient's medical records
Physical therapist evaluation
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Arrange meeting time with requesting physician.
2. Assemble medical information:
    - A. Patient's chart.
    - B. Patient's medical records.
    - C. Physician's orders/physical therapy treatment plan.
3. Review medical information with requesting physician:
    - A. Discuss physical therapy treatment goals and objectives:
        - (1) Immediate.
        - (2) Short-term.
        - (3) Long-term.
    - B. Discuss past medical history which may affect therapy procedures:
        - (1) Medication.
        - (2) Allergies.
        - (3) Past test results.
        - (4) Current symptoms.

PERFORMANCE GUIDE: (cont.)

        (5) Alert conditions:
            a. High blood pressure.
            b. Weak heart.
            c. Diabetic.
            d. Thin blood.
    C. Discuss planned testing/treatment procedure with physician.
4. Record pertinent patient information on patient's chart/treatment plan.
5. Share physician's comments and suggestions with other physical therapy department staff.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 131

TASK: Assess patient's tolerance and adjust treatment.

STANDARD OF PERFORMANCE OF TASK:

Patient must not experience pain or discomfort due to physical therapy treatment being received.

CONDITIONS FOR PERFORMANCE OF TASK:

Goniometer
Patient's chart
Tolerance assessment sheet
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review patient's treatment plan and physician's orders.
2. Greet patient and verify patient's identification.
3. Identify how patient feels and explain assessment procedure.
   NOTE: It is important that the patient understands that they must inform you as soon as pain or discomfort is experienced.
4. Move slowly patient through treatment range, stopping immediately if patient experiences pain or discomfort.
5. Identify type of pain.
6. Record area pain was experienced on tolerance assessment sheet.
7. Continue treatment staying with established tolerance range.
8. Attach tolerance assessment sheet to patient chart for future treatments.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 132

TASK: Consult with other patient care professionals.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy assistant/aide must provide clear and concise information using professional terms, lay terms, non-verbal and verbal communication.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient information
Patient care professional
Physical therapy assistant/aide

PERFORMANCE GUIDE:

1. Greet patient care professional and identify yourself:
   - A. Name.
   - B. Title.
   - C. Department.
2. Initiate communication with care professional which is appropriate and timely using professional terms, lay terms, non-verbal and verbal communication.
3. Ask relevant and precise questions.
4. Note information concisely and clearly.
5. Analyze information and suggest a course of action which indicates possible contingencies and alternative actions.
   NOTE: Limit conversation to patient oriented information. Do not waste care professional's time with gossip or idle chit chat.
6. Thank care professional for their time and information.

PERFORMANCE GUIDE (cont.)

7. Document patient care professional consultation:
    - A. Professional's name.
    - B. Title.
    - C. Department.
    - D. Information received.
8. Share consultation information with physical therapy department staff.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 133

TASK: Assess patient's range of motion.

STANDARD OF PERFORMANCE OF TASK:

Patient's range of motion for a particular joint must be measured using a goniometer or visual landmarks for comparison and establishment of physical therapy progress. Patient must not experience pain or discomfort due to movement beyond patient's established tolerance range.

CONDITIONS FOR PERFORMANCE OF TASK:

Therapist
Joint ROM
Goniometer
Patient's chart
Physical therapy treatment plan
Visual landmarks 45, 90, 180 degrees

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Initiate range of motion exercise treatment.
3. Assist patient through established range of motion.
4. Record range of motion measurement at end of range according to anatomical 0, 45, 90, 180 degrees or goniometer readings.
5. Assist patient back to 0 degrees.
6. Record range of motion information:
   A. Joint.
   B. Degrees obtained.
   C. Assistance given patient.
7. Chart visual range or goniometer reading and compare with previous treatments' range of motion.
8. Record new range of motion measurement in patient's chart and treatment plan.
9. Notify other physical therapy department staff of patient's new range of motion.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 134

TASK: Administer manual muscular functions tests.

STANDARD OF PERFORMANCE OF TASK:

Manual muscular functions test must provide a functional universal grade of strength to compare and assess each treatment given to the patient.

CONDITIONS FOR PERFORMANCE OF TASK:

Chart
Therapist
Muscle grade
Muscle being tested
Manual muscle function test sheet

PERFORMANCE GUIDE:

1. Identify which muscle is being tested.
2. Position patient for proper testing procedure.
3. Assess patient's range of motion through movement.
4. Give resistance to muscle if needed.
5. Grade muscle strength with universal scale:
   A. N-Normal= complete range of motion (against gravity with full resistance).
   B. G-Good= complete range of motion (against gravity with some resistance).
   C. F-Fair= complete range of motion (against gravity).
   D. P-Poor= complete range of motion (gravity eliminated).
   E. T-Trace= slight contraction (no joint movement).
   F. 0-Zero= no evidence of contractibility.
6. Attach + or - to grade according to movement achieved:
   A. Good + : Full ROM with small resistance.
   B. Good - : Small resistance
   C. Fair + : Patient able to achieve past 90 degrees ROM against gravity.

PERFORMANCE GUIDE: (cont.)

D. Fair - : In neutral plane.
E. Poor + : Patient able to achieve under 90 degrees ROM against gravity.
F. Poor - : Patient unable to achieve full ROM with gravity eliminated.

7. Record muscle grade on patient's chart for that treatment according to departmental guidelines.
8. Reassess patient's strength according to department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 135

TASK: Assist in functional capacity assessment.

STANDARD OF PERFORMANCE OF TASK:

Functional capacity assessment must establish the degree at which the patient can function under normal circumstances. Functional capacity evaluation areas include ambulation, range of motion, activities of daily living, manual muscular functions, and work hardening.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Physician's orders
Physical therapy treatment plans
Functional capacity testing materials
Functional capacity assessment checklist

PERFORMANCE GUIDE:

1. Review medical history, physician's orders, and physical therapy treatment plan.
2. Review past functional capacity assessments.
3. Identify possible areas of functional deficiencies.
4. Assemble functional capacity assessment testing materials.
5. Greet patient and verify patient's identification.
6. Explain testing procedure to patient in clear concise terms answering any questions the patient has.
7. Perform functional capacity assessment testing as indicated:
    A. Ambulation.
    B. Range of motion.
    C. Activities of daily living.
    D. Manual muscular functions.
    E. Work hardening activities.
8. Document functional capacity assessment test results on assessment checklist.

PERFORMANCE GUIDE: (cont.)

9. Consult physician and physical therapist about patient's functional capacity assessment result.
10. Note physician's and physical therapist's comments and suggestions concerning patient's test results.
11. Record functional capacity assessment results and physician/therapist's comment in patient's file as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PATIENT AND CARE PLAN ASSESSMENT

PERFORMANCE OBJECTIVE NO. 136

TASK: Supervise work hardening activities.

STANDARD OF PERFORMANCE OF TASK:

Assistant/aide must provide clear and concise instructions and assist patient in performing work hardening activities.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient chart
Physician's orders
Work hardening devices
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review patient's treatment plan and physician's orders.
2. Monitor patient's performance of work hardening activities.
3. Provide encouragement and support to patient throughout treatment.
4. Assist patient with work hardening activity if patient shows signs of struggling or requests assistance.
5. Communicate with patient throughout work hardening treatment, noting patient's functional capacity, attitude towards treatment, and treatment progress.
6. Document work hardening activities in accordance with physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 137

TASK: Apply cold compress to treatment area.

STANDARD OF PERFORMANCE OF TASK:

The cold pack must be chilled so it remains cold approximately 30 minutes. The application technique must be determined and the procedure explained to the patient. The treatment time must be from 10 to 20 minutes.

CONDITIONS FOR PERFORMANCE OF TASK:

Ice
Water
Towels
Call bell
Cold packs
Plastic bags
Treatment table
Instant cold packs
Hydrocollator/refrigerator

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Verify patient's identification and explain procedure to patient.
3. Identify treatment area and application technique.
4. Remove clothing from treatment area and position patient.
5. Check area to be treated for circulation, sensitivity, integrity, undiagnosed rash or contagious skin disease.
6. Apply cold compress:
    A. Hydrocollator cold packs:
        (1) Select type of pack wrap:
            a. Dry pack wrap:
                - Place a dry towel or cold pack cover on a flat surface.
            b. Wet pack wrap:
                - Dampen towel with lukewarm water and wring out excess water.
                - Place damp towel on a flat surface.

PERFORMANCE GUIDE: (cont.)

(2) Remove pack from the unit and place it on the towel or cover.
(3) Wrap the cold pack securely so none of the pack is exposed.
(4) Warn the patient and place the wrapped cold pack on the treatment area.
(5) Secure cold pack in place with straps or sandbags.
NOTE: Do not push on the pack to mold it to treatment area.

B. Instant cold packs:
  (1) Select type of instant cold pack:
    a. Reusable packs.
    b. Disposable packs.
  (2) Place a damp towel over treatment area.
  (3) Remove instant cold pack from cold pack unit or activate the pack.
  (4) Warn patient and place instant cold pack on the damp towel.

C. Plastic bag cold packs.
  (1) Select type of plastic bag cold pack:
    a. Ice pack:
      - Chipped ice.
      - Crushed ice.
      - Very small ice cubes.
    b. Slush pack:
      - Frozen water and salt solution.
  (2) Remove plastic bag cold pack from cooling unit.
  (3) Wrap plastic cold pack in a damp lukewarm towel.
  (4) Warn the patient and place pack on treatment area.
  (5) Cover the pack with a dry towel to retard warming.

7. Insure that no part of unwrapped pack touches patient's skin and that patient is warm.
8. Set timer to prescribed treatment time.
NOTE: Treatment time for cold compress is usually 5 to 20 minutes in duration.
CAUTION: Patient should have a call bell available at all times when left alone in the treatment room.
9. Remove pack and toweling when timer sounds.
10. Give patient a dry towel and tell or help them to dry off.
11. Check patient's skin for contraindications.

PERFORMANCE GUIDE: (cont.)

12. Return pack to cooling unit or dispose of pack.
13. Place towels and linens in laundry basket.
14. Prepare therapy area for next patient.

SOURCE OF STANDARD:

Writing team of incumbent workers
Physical therapy procedures

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 138

TASK: Apply infrared heat to treatment area.

STANDARD OF PERFORMANCE OF TASK:

Infrared luminous generator must provide a warm sensation on the patient's bare treatment area for 15 to 20 minutes. Infrared lamp skin-source distance must be between 24 to 30 inches, depending on lamp wattage. All jewelry, metal objects and clothing must be removed from treatment area prior to starting treatment.

CONDITIONS FOR PERFORMANCE OF TASK:

Sheet
Towel
Call bell
Patient's chart
Physician's orders
Physical therapy treatment plan
Infrared luminous generator (lamp)

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Identify infrared luminous generator (lamp) to be used and verify that it is functioning.
3. Greet patient and verify patient's identification.
4. Explain procedure to patient:
   A. What to expect.
   B. What should be felt.
   C. What is expected of them.
   D. Why they are receiving the treatment.
5. Position and drape patient, leaving treatment area uncovered.
   CAUTION: Protect patient's eyes from glare.

PERFORMANCE GUIDE: (cont.)

6. Check treatment area:
    - A. All jewelry and metal objects are removed.
    - B. Skin is clean, dry, and all scar tissue, abrasions, cuts or new skin covered with gauze or cotton.
      NOTE: Gauze or cotton should be secured in place so it does not move during treatment.
    - C. Determine degree of skin sensation.
7. Position infrared lamp at a right angle and center over treatment area.
8. Measure skin-source distance for the wattage lamp being used.
    - A. 500-600 watt lamp - start at 24 inches (61 cm).
    - B. 1000 watt lamp - start at 30 inches (76.2 cm).
      NOTE: Adjustments in the skin-source distance must be made according to patient's sensations.
9. Turn on the infrared lamp.
10. Set timer for indicated treatment time.
11. Remind patient to call you immediately if heat becomes too hot or if patient needs to move for any reason.
    CAUTION: Patient should have a call bell available at all times when in treatment room alone.
12. Check patient several times throughout the treatment and ensure patient's comfort.
13. Terminate infrared lamp treatment when timer sounds:
    - A. Turn off lamp.
    - B. Remove lamp.
    - C. Dry treatment area.
    - D. Cover patient.
    - E. Allow patient to rest.
14. Chart infrared luminous lamp treatment as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 139

TASK: Apply warm compress to treatment area.

STANDARD OF PERFORMANCE OF TASK:

The hot pack must be heated so that it remains warm approximately 20 minutes without removing insulation or changing the pack. The hot pack application method must be determined and the procedure explained to the patient. Hot pack treatment time must be 10 to 20 minutes in duration. The hot pack must not come in direct contact with patient's skin.

CONDITIONS FOR PERFORMANCE OF TASK:

Timer
Tongs
Towels
Hot pack cover
Treatment table
Physician's order
Instant hot packs
Patient treatment plan
Hydrocollator hot unit
Hydrocollator hot packs

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure to patient.
2. Identify treatment area and application technique.
3. Remove clothing and jewelry from treatment area and position patient.
4. Check area to be treated for circulation, sensitivity, integrity, undiagnosed rash or contagious skin disease.

PERFORMANCE GUIDE: (cont.)

5. *Select type of pack wrap to be used:*
   CAUTION: Never use wet towels or wet pack covers. Water conducts heat more quickly than dry towels which could result in patient discomfort or burns.
   A. Hot pack cover:
      (1) Lay pack cover on a flat, stable surface.
   B. Two-towel technique:
      (1) Lay two towels on a flat, stable surface.
      (2) Fold each towel lengthwise once and place one towel on top of the other forming a cross in the middle of the towel.
   C. One-towel technique:
      (1) Lay three large towels on a flat, stable surface.
      (2) Fold each towel in half and lay each folded towel on top of the other.
6. Prepare hot pack to be administered to patient:
   A. Hydrocollator hot pack:
      (1) Remove a pack from the unit using tongs.
          CAUTION: Do not put your hand into the water. You can easily be burned by water over 120 degrees F.
      (2) Allow excess water to drip back into the tank (about 5 seconds).
      (3) Place the pack in the center of cover or towel.
      (4) Quickly fold the ends of the cover or towel over the pack and secure the ends if necessary.
          NOTE: The longer the pack is exposed to the air the more heat loss occurs.
          CAUTION: Make sure that no portion of the pack is left exposed. If the unexposed pack contacts the patient's skin, a burn may result.
      (5) Place the wrapped pack on patient's treatment area immediately.
          NOTE: If a pack cover is used, a layer of toweling should be placed between the patient and the pack cover for hygienic purposes.
   B. Instant hot packs:
      (1) Locate instant hot pack to be used:
          a. Chemically activated.
          b. Reusable.

PERFORMANCE GUIDE: (cont.)

    (2) Activate chemical hot pack following label instructions or remove reusable hot pack from hot water using tongs and place in center of towel.
    (3) Fold ends of towel over pack and secure.

7. Place a towel over hot pack to help retain heat.
8. Communicate to the patient the importance of calling you if the pack becomes too hot, too heavy or if the patient becomes uncomfortable for any reason.
9. Set timer to prescribed treatment time.
   NOTE: Hot pack treatment time is usually 10 to 15 minutes in duration.
10. Remove pack and toweling when timer sounds.
11. Give patient a dry towel and tell or help patient to dry treatment area.
12. Check patient's skin for contraindications.
    NOTE: Reassure patient that redness will disappear in about 30 minutes.
13. Return hot pack to heating unit or dispose of chemically activated pack.
14. Place covers, towels and linens in laundry basket.
15. Prepare therapy area for next patient.

SOURCE OF STANDARD:

Writing team of incumbent workers
Physical therapy procedures

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 140

TASK: Provide patient with hydrotherapy treatment.

STANDARD OF PERFORMANCE OF TASK:

Whirlpool water bath must provide patient a massaging action of moist heat. Size of whirlpool bath must be selected based on body part being treated, temperature of water must be adjusted, and length of treatment time based on the physician's orders and physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Gown
Water
Towel
Chair
Call bell
High seat
Disinfectant
Whirlpool bath
Physician's orders
Whirlpool accessories
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Fill whirlpool tank to appropriate level with water of desired temperature:
   A. Very hot 104 - 110 degrees F.
   B. Hot 99 - 104 degrees F.
   C. Warm 96 - 99 degrees F.
   D. Neutral 92 - 96 degrees F.
   E. Tepid 80 - 92 degrees F.
3. Greet patient and explain the hydrotherapy procedure.

PERFORMANCE GUIDE: (cont.)

4. Instruct patient to remove clothing and don appropriate apparel:
    - A. Bathing suit.
    - B. Gown.
    - C. T-binder.
    - D. Cast pants.

      CAUTION: If patient must roll up shirt sleeve or pants leg ensure that circulation is not impaired.
5. Remove all objects from treatment area:
    - A. Jewelry.
    - B. Bandages, dressing and tape.
    - C. Braces and splints (unless contraindicated).
6. Check treatment area:
    - A. Skin sensation.
    - B. Infected lesions.
    - C. Edema.
    - D. Skin rash.
    - E. Cleanliness.
7. Position the patient so that the area to be treated is in the water and the patient is comfortably supported.
8. Turn on the turbine ejector and adjust the agitation:
    - A. Force of agitation (throttle near top of shaft).
    - B. Aeration of agitation (butterfly near top of shaft).
    - C. Direction of agitation (unit from side to side or raise and lower shaft).
9. Direct the turbulence at the involved area.
10. Set timer for indicated duration of treatment:
    - A. Initial treatment, acute conditions - 10 minutes.
    - B. Normal treatment - 20 minutes.
    - C. Chronic conditions - 20 to 30 minutes.

      CAUTION: Patient should have a call bell available at all times when in treatment room alone.
11. Monitor patient and terminate hydrotherapy treatment if:
    - A. Oral temperature goes over 100 degrees F.
    - B. Patient feels faint.
    - C. Patient feels ill.
    - D. Patches of dead skin slough off.

      NOTE: Commonly happens with burn patients, frostbite patients and after long immobilization in a cast.

PERFORMANCE GUIDE: (cont.)

12. Terminate treatment when timer sounds and assist patient to dry off and get dressed.
    NOTE: Check patient's skin for contraindications.
13. Record hydrotherapy treatment on patient's chart.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 141

TASK: Administer hydrotherapy to a patient with an open wound.

STANDARD OF PERFORMANCE OF TASK:

Whirlpool equipment must be sterilized prior to treatment of open wounds and burns. Whirlpool water temperature and duration of treatment must be in accordance with physician's orders and the physical therapy treatment plan. Patient comfort and safety must be monitored throughout the hydrotherapy treatment.

CONDITIONS FOR PERFORMANCE OF TASK:

Gown
Mask
Water
Towel
Chair
Goggles
Call bell
High seat
Scrub brush
Disinfectant
Whirlpool bath
Sterile gloves
Protective gloves
Physician's orders
Whirlpool accessories
Povidone-iodine concentrate
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan for open wound/burn.
2. Don safety attire.
3. Sterilize the whirlpool tank:
    - A. Drain tank.
    - B. Scrub tank, tubes, turbine and equipment used in tank with a scrub brush and disinfectant.
    - C. Leave equipment in whirlpool tank and fill with water of at least 115 degrees F.

PERFORMANCE GUIDE: (cont.)

   - D. Add a strong disinfectant to hot water.
   - E. Turn on turbine and scrub tank walls, turbine and bottom of tank.
   - F. Turn off turbine and scrub underside and tubes of turbine.
   - G. Drain tank and allow it to dry for at least 30 minutes before refilling.

4. Fill whirlpool tank with neutral water (92 - 96 degrees F).
5. Instruct patient to remove clothing and don appropriate apparel:
   - A. Bathing suit.
   - B. Gown.
   - C. T-binder.
   - D. Cast pants.

     CAUTION: If patient must roll up shirt sleeve or pants leg, ensure that circulation is not impaired.
6. Remove all objects from treatment area:
   - A. Jewelry.
   - B. Bandages, dressing and tape.
   - C. Braces and splints (unless contraindicated).
7. Check treatment area:
   - A. Skin sensation.
   - B. Infected lesions.
   - C. Edema.
   - D. Skin rash.
   - E. Cleanliness.
8. Position the patient so that the area to be treated is in the water and the patient is comfortably supported.
9. Turn on the turbine ejector and adjust the agitation:
   - A. Force of agitation (throttle near top of shaft).
   - B. Aeration of agitation (butterfly near top of shaft).
   - C. Direction of agitation (unit from side to side or raise and lower shaft).
10. Direct the turbulence at the involved area.

PERFORMANCE GUIDE:(cont.)

11. Set timer for indicated duration of treatment:
    A. Initial treatment, acute conditions - 10 minutes.
    B. Normal treatment - 20 minutes.
    C. Chronic conditions - 20 to 30 minutes.
    CAUTION: Patient should have a call bell available at all times when in treatment room alone.
12. Monitor patient and terminate hydrotherapy treatment if:
    A. Oral temperature goes over 100 degrees F.
    B. Patient feels faint.
    C. Patient feels ill.
    D. Patches of dead skin slough off.
    NOTE: Commonly happens with burn patients, frostbite patients and after long immobilization in a cast.
13. Terminate treatment when timer sounds and assist patient to dry off and get dressed.
    NOTE: Check patient's skin for contraindications.
14. Record hydrotherapy treatment on patient's chart.
15. Debride skin and dress the wound/burn.
16. Double scrub tank after burn or open wounds have been treated.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 142

TASK: Give patient a contrast bath.

STANDARD OF PERFORMANCE OF TASK:

Patient must be alternated between a warm bath for 3-5 minutes to a cold bath for 1 minute for a total treatment time of 20-30 minutes as indicated by physician's orders or physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Towels
Cold bath
Warm bath
Patient's chart
Physician's orders
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Prepare two tubs of water to a depth that will cover the area to be treated:
   A. Warm bath - 100°-110° F.
   B. Cold bath - 55°-65° F.
   NOTE: The temperatures selected should be based on patient's condition, physician's orders and the physical therapy treatment plan.
   CAUTION: If open wounds are present, add a disinfectant to the water.
3. Greet patient and verify patient's identification.
4. Explain treatment to patient:
   A. What to expect.
   B. What should be felt.
   C. What is expected of them.
   D. Why are they receiving the treatment.
5. Assist patient to don proper clothing, bare treatment area and drape appropriately for privacy.

PERFORMANCE GUIDE: (cont.)

6. Immerse treatment area in warm bath for 3-5 minutes immediately and without hesitation.
7. Remove treatment area from warm bath and immerse the part in the cold bath immediately and without hesitation to produce vasoconstriction, for about 1 minute.
8. Alternate between warm and cold bath continuously for total treatment time as indicated by physician's orders and treatment plan, usually between 20-30 minutes.
9. Check water temperature several times during treatment adding water as needed to maintain proper temperature.
   NOTE: Do not add water with patient in tub, always remove the body part prior to adding water and re-check temperature before re-immersing the part.
10. Assist patient to dry body part and inspect skin for contraindications.
    NOTE: Make sure all water is wiped up before allowing patient to stand.
11. Assist patient to get dressed or assist to the treatment table as indicated by the physical therapy treatment plan.
12. Record contrast bath treatment as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers
Physical therapy procedures, selected techniques

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 143

TASK: Give patient a melted paraffin treatment.

STANDARD OF PERFORMANCE OF TASK:

Entire treatment area must be covered with 1/4 inch to 1/2 inch paraffin coating and wrapped with plastic and a towel to retain heat. Paraffin temperature must not exceed 125° - 130° F. Patient must not experience discomfort due to the paraffin.

CONDITIONS FOR PERFORMANCE OF TASK:

Soap
Water
Towel
Thermometer
Rubber band
Plastic bag
Velcro strap
Paraffin bath
1-2" paint brush

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure to patient.
2. Instruct or help patient to remove jewelry and wash treatment area with soap and water.
3. Check patient's skin for sensitivity and wetness.
   Caution: A lack of sensation in the skin or moisture on the skin may result in burns.
4. Position patient close to paraffin bath.
5. Remove cover from paraffin bath.
   Note: Paraffin temperature must not be in excess of 130° F.
6. Select method for paraffin application and apply paraffin coat:
   A. Dipping method:
      (1) Immerse the treatment area in the paraffin bath for one (1) second.
          Note: Patient should be instructed to keep area as motionless as possible while dipping.

PERFORMANCE GUIDE: (cont.)

- (2) Remove area from paraffin and let paraffin coat harden and become dull (approximately 5 seconds).
  Note: Allow excess paraffin to drip back into bath.
- (3) Repeat dipping 10 times making each dip below the level of the first dip.
  Note: Shallower dipping prevents getting hot paraffin under original coating.

B. Immersion method:
- (1) Repeat dipping procedure 6 to 10 times.
- (2) After final removal, allow paraffin to harden.
- (3) Place treatment area back into the paraffin bath.
- (4) Leave treatment area in the paraffin tank 20 to 30 minutes or until paraffin coating melts from part.
  Note: Steps 6 and 7 are not needed for this method.

C. Brushing method:
- (1) Warn patient you are going to apply paraffin.
- (2) Dip paint brush in paraffin bath.
- (3) Immediately brush paraffin on treatment area covering entire area with first coating.
  Note: Subsequent coats should be shorter than original coat to prevent getting hot paraffin under original coating. Care must be taken not to drip paraffin on other parts of the patient's body.

7. Cover paraffin coating with thin plastic, wax paper or paper towels.
8. Wrap treatment area in a towel for 15 to 20 minutes and secure towel in place.
9. Peel off paraffin coating, starting at the top and rolling down like a glove.
10. Allow removed paraffin to dry and harden.
11. Clean patient's skin and check for contraindications.

PERFORMANCE GUIDE: (cont.)

12. Place harden paraffin back in paraffin bath to melt or dispose of according to department guidelines.
13. Close unit's lid and clean up area.

SOURCE OF STANDARD:

Writing team of incumbent workers
Thermal agents in rehabilitation

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 144

TASK: Give patient an ice massage.

STANDARD OF PERFORMANCE OF TASK:

Patient's treatment area must be rubbed with a large cube of ice without freezing the patient's skin or causing the patient undue pain and discomfort. Treatment area skin must be checked for conditions which are contraindicated for ice massage. Treatment time must be in accordance with physician's orders and physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Towels
Patient's chart
Treatment table
Ice massage stick
Physician's orders
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Verify that ice massage sticks are available.
3. Greet patient and verify patient's identification.
4. Explain ice massage treatment procedure:
   A. What is to be expected.
   B. What is to be felt.
   C. What is expected of patient.
   D. Why are they receiving the treatment.
5. Instruct or assist patient to remove all unnecessary clothing since the treatment is messy.
6. Position patient and drape patient for privacy and warmth.
7. Check patient's skin in treatment area for contraindications:
   A. Undiagnosed rash.
   B. Open wounds or moles.

PERFORMANCE GUIDE: (cont.)

C. Lack of sensation (previous frostbite).
D. Raynaud's phenomena.
CAUTION: Patients with above contraindications or cardiac problems must be treated with extreme caution.

8. Warn patient that you are going to start treatment and describe sensation cycle as it occurs:
   A. First sensation will be one of cold.
   B. Second sensation will be a burning feeling.
   C. Third sensation will be an aching type of pain.
   D. Fourth sensation will be one of numbness.
9. Test a small area with ice massage and look for signs of reaction to treatment:
   A. Pain.
   B. Hyperemia.
   C. Edema.
   D. Urticaria at site of application.
   E. General systemic reaction:
      1. Rapid decrease in blood pressure.
      2. Rise in pulse.
      3. Peripheral vascular collapse.
      4. Syncope.
      NOTE: If using an ice stick hold it by the handle, if using an ice cup or ice cube, wrap it in a towel to protect your hand from the cold.
10. Rub ice in decreasing concentric circles with moderately slow, light, rhythmic motion.
    NOTE: It is best to massage area no larger than 6 x 6 inch sections. If treatment area is larger divide it into sections and treat one section at a time.
    CAUTION: Heavy pressure with ice stick/block can result in skin damage.
11. Blot up any water as it forms on treatment area.
12. Continue the ice massage treatment until the skin becomes white and numb (anesthesia), usually 5-10 minutes or as indicated by physician's orders.
    CAUTION: Watch the skin color. If it turns white before 5 minutes have passed, stop the massage immediately.
13. Discard remaining ice in sink, dry patient thoroughly and check the skin in treatment area for contraindications.

PERFORMANCE GUIDE: (cont.)

14. Escort patient to next treatment area.
15. Record ice massage treatment as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers
Physical therapy procedures, selected techniques

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 145

TASK: Give patient a combination ultrasound and electrical stimulation treatment.

STANDARD OF PERFORMANCE OF TASK:

Ultrasound and electrical stimulation must be connected in such a way as to allow electrical impulses to stimulate the patient's muscles via the sound head. The ultrasound must offer deep heat and the electrical stimulation must superimpose a contract-relax pattern on the muscle inducing muscle relaxation.

CONDITIONS FOR PERFORMANCE OF TASK:

Towels
Alcohol
Wooden plinth
Physician's orders
Dispersive electrodes
Conductive lotion/gel
Physical therapy treatment plan
Ultrasound/electrical stimulation unit

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
   CAUTION: Never treat any part of any patient who has an external or implanted electrical stimulating device such as a pacemaker, implanted electrodes, bladder stimulators, or metal IUDs.
2. Check ultrasound/electrical stimulation unit to ensure it is operating and review unit's operation procedures.
3. Greet patient and verify patient's identification.
4. Explain treatment procedure to patient and answer any questions the patient may have.

PERFORMANCE GUIDE: (cont.)

5. Instruct patient to remove all clothing, jewelry and metal objects from treatment area, assisting as necessary.
   CAUTION: Metal objects that cannot be removed must be covered or avoided.
6. Position patient on wooden plinth and drape patient for privacy and warmth.
7. Adjust ultrasound/electrical stimulation unit setting to zero.
8. Prepare a dispersive electrode and place it on the patient in a location adjacent to the area being treated and secure it in place.
9. Apply conductive gel/lotion to area being treated and the transducer head.
   NOTE: Apply gel/lotion liberally, too much is better than too little.
10. Place the sound head on area to be treated and begin moving it. Set automatic timer to desired treatment time and turn on the unit adjusting the electrical stimulation first until muscle contraction occurs without pain, then adjust ultrasound intensity according to treatment plan.
11. Continue treatment with transducer head in light but complete contact with the skin, constantly moving the transducer in small circles or short longitudinal strokes at a speed of one inch per second with the next circle covering 50 percent of the previous one. Never stroke forward and back in the same spot.
    CAUTION: Never hold the transducer in the air with the intensity up from zero for more than a few seconds at any one time, because the face of the transducer can become hot and the patient can be burned when the transducer is placed on the skin. Also, the transducer crystal can be damaged or cracked.
12. Move coupling media back on to treatment area as the transducer head displaces it.
13. Decrease the current intensity slowly to zero and the ultrasound intensity to off a few seconds before the automatic timer goes off.
14. Wipe off the treatment area and the transducer head and remove the electrodes.
    NOTE: Clean transducer head with alcohol between treatments.

PERFORMANCE GUIDE: (cont.)

15. Check the skin thoroughly for signs of contraindications.
16. Record ultrasound/electrical stimulation treatment according to physical therapy department guidelines.
    NOTE: Ultrasound/electrical stimulation treatment can also be done via underwater technique, for more information see unit's operations manual.

SOURCE OF STANDARD:

Writing team of incumbent workers
Physical therapy procedures, selected techniques
Manual for physical agents

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 146

TASK: Administer tilt table treatment.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy assistant/aide must assist a patient with tilt table standing exercise using transfer techniques, body mechanics and the assistance from two qualified persons.

CONDITIONS FOR PERFORMANCE OF TASK:

Stethoscope
Support staff
Tilt table/straps
Blood pressure cuff
Two assistants/aides

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Verify patient who is to use tilt table.
3. Obtain tilt table.
4. Position tilt table adequately for placement of patient and level (next to patient's bed).
5. Transfer patient from bed to tilt table using 2 qualified assistants/aides.
6. Make sure patient's feet are going to be flat on perpendicular footboard.
7. Strap patient in by security straps:
    A. One on chest.
    B. One on knees.
8. Roll patient up slowly by handle piece beside tilt table until patient feels comfortable in a standing position.
9. Keep patient up for first time approximately five to ten minutes.
10. Monitor blood pressure before, during and after treatment and record in patient's chart.

PERFORMANCE GUIDE: (cont.)

11. Roll patient down to level.
12. Unstrap patient.
13. Transfer patient from tilt table back to bed.
14. Record tilt table treatment according to physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 147

TASK: Administer traction.

STANDARD OF PERFORMANCE OF TASK:

Traction device must be positioned at treatment table/bed, traction halter must be securely attached to the patient, the halter must be attached to traction device and intermittent pressure applied to patient's cervical or pelvic area, as indicated by physician's orders and physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Traction table/harness
Stool
Pillow (regular, cervical)
Spreader bar
Weights
Weight bar
Physician's orders
Traction device
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Set traction table up for appropriate use:
   A. Cervical - apply cervical harness.
   B. Pelvic - lay pelvic harness in table.
3. Greet patient, verify patient's identification and explain procedure.
4. Escort patient to traction room, raise traction table to its appropriate height and place patient in appropriate position.

PERFORMANCE GUIDE: (cont.)

A. Cervical traction:
   - (1) Set up cervical unit, center at head of bed or foot of bed.
   - (2) Position patient and keep bed flat.
     NOTE: Position patient far enough down in bed to keep spreader bar free from pulley.
   - (3) Apply head halter to patient with chin in center of halter.
   - (4) Tighten straps equally on each side.
   - (5) Attach weight to spreader bar as order indicates.
   - (6) Adjust traction so patient will feel pull on back of head but not on chin.
   - (7) Ensure that rope runs freely through pulley and that weights hang freely; adjust if necessary.
   - (8) Attach spreader bar to cervical halter; holding spreader bar securely.
     CAUTION: Avoid jolting.
   - (9) Relax hold on spreader bar gently.
   - (10) Ensure that patient is positioned in correct body alignment; adjust if necessary.

B. Pelvic traction:
   - (1) Elevate foot of bed two inches.
   - (2) Drape patient.
   - (3) Place pelvic girdle around patient so that top margin is at level of umbilicus.
   - (4) Fasten front straps and buckles.
   - (5) Attach pelvic girdle tapes to spreader bar.
   - (6) Attach prescribed amount of weight to weight hanger.
   - (7) Attach weight to spreader bar.
   - (8) Ensure that rope runs freely through pulley and that weights hang freely; adjust if necessary.
   - (9) Position bed according to physician's orders.

5. Program patient's traction:
   A. Poundage.
   B. Intermittent or static.
   C. Steps going up and down.
   D. Time.

PERFORMANCE GUIDE: (cont.)

6. Give patient release button.
7. Release table (Do not release table if doing cervical traction).
8. Push start.
9. Check patient's degree of pain.
10. Terminate traction treatment when timer sounds:
    A. Cervical:
        (1) Loosen harness.
        (2) Remove pillow.
        (3) Assist patient from lying position.
        (4) Lower traction table.
        (5) Assist patient to a standing position.
        (6) Ask patient how he/she feels.
    B. Pelvic:
        (1) Tighten table.
        (2) Disconnect harness from traction table.
        (3) Remove harness from patient.
        (4) Lower table.
        (5) Remove stool from underneath patient's legs.
        (6) Assist patient to sitting position.
        (7) Assist patient to standing position.
        (8) Ask patient how he/she feels.
        CAUTION: Patient should have a call bell available at all times when in treatment room alone.
11. Assist patient to waiting area.
12. Record traction treatment according to physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 148

TASK: Give patient electrical stimulation treatment.

STANDARD OF PERFORMANCE OF TASK:

Patient's muscles must be provided active exercise via electrical stimulation for the time and intensity indicated by the physician's order or physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Physician's order
Physical therapy treatment plan
Treatment table/bed
Point stimulation unit
Group stimulation unit
Dispersive electrode

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Check equipment to insure it is working properly and review operation procedure.
3. Greet patient and verify identification.
4. Explain electrical stimulation treatment procedures to patient.
   CAUTION: Patient should have a call bell available at all times when in treatment room alone.
5. Instruct patient to remove all clothing, jewelry and metal objects from treatment area.
6. Position patient on wooden plinth and drape patient for comfort and warmth.
7. Identify type of electrical stimulation the patient is to receive and begin treatment:
   A. Unipolar motor point stimulation:
      (1) Set up a low volt generator and select a stimulus appropriate for muscle to be treated.
      (2) Prepare dispersive electrode and connect it to a wire lead and secure it in place.

PERFORMANCE GUIDE: (cont.)

(3) Connect other lead to an electrode handle which has an interrupt switch and a small button electrode.
(4) Reduce the skin resistance in the area to be stimulated.
(5) Place the small active electrode over the approximate area of the desired motor point in firm, but not heavy, contact.
(6) Increase the intensity slowly while opening the switch rhythmically at a moderate rate until a muscular contraction is observed.
(7) Continue to operate the switch and gently slide the active electrode around the area of the motor point until the strongest contraction is observed.
NOTE: Verify that it is the correct muscle responding.
(8) Increase the intensity once the motor point is located until a strong contraction is obtained.
CAUTION: The stimulation should not be painful. Use patient's tolerance as a guide.
(9) Turn intensity to zero before moving to other motor points, when the rhythm has been broken or at the end of the treatment.

B. Bipolar group stimulation:
(1) Set up a low volt generator and set the current and modulation that will produce a rhythmic tentanic contraction.
(2) Place two electrode pads over the muscles to be stimulated and secure it in place.
(3) Connect one lead to each of the pad electrodes.
(4) Increase the intensity until a strong contraction is observed.
NOTE: Adjustments in intensity should be made only while the current is flowing.
(5) Instruct patient to try to work actively with the stimulus.
(6) Continue treatment for 10 to 15 minutes as indicated by physician's orders or treatment plan.
(7) Reduce the intensity to zero at the conclusion of the treatment.

PERFORMANCE GUIDE: (cont.)

8. Remove the electrodes and dry the patient.
9. Record the electrical stimulation treatment according to physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 149

TASK: Give patient a lotion massage.

STANDARD OF PERFORMANCE OF TASK:

Massage must be administered by applying lotion and rubbing with fingertips in a circular motion beginning at shoulders and continuing downward. All skin breakdown must be charted. Patient and bed linens must be clean.

CONDITIONS FOR PERFORMANCE OF TASK:

Lotion
Patient's chart
Soap, water, and towel

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure.
2. Wash hands.
3. Assemble supplies needed for lotion massage.
4. Provide for patient's privacy.
5. Position patient in prone or side-lying position.
6. Determine lotion massage techniques:
   - A. Effleurage variations.
   - B. Bilateral tree.
   - C. Shingles.
   - D. Fulling.
7. Drape patient exposing treatment area to be massaged.
8. Observe skin for breakdown and pressure areas.
9. Position towel lengthwise close to body.
10. Warm lotion by immersing a bottle in warm water or holding lotion in hands until warm.
11. Pour lotion into palms of hands and apply to patient's treatment area.
12. Massage patient's skin using a circular motion up and down massage area.
13. Finish massage by using long firm strokes up and down massage area.
    NOTE: Apply more lotion when hands become dry or sticky.

PERFORMANCE GUIDE: (cont.)

14. Blot excess lotion from back with towel and clean treated area with alcohol.
15. Assist patient to get dressed.
16. Ensure patient's comfort.
17. Clean work area at conclusion of treatment.
18. Chart and/or report information as required.

SOURCE OF STANDARD:

Writing team of incumbent workers
Physical therapy procedures, selected techniques

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 150

TASK: Administer intermittent venous compression treatment.

STANDARD OF PERFORMANCE OF TASK:

External pressure must be applied to an edematous extremity to return excess fluid to the lymphatic or venous circulation using an intermittent compression pump.

CONDITIONS FOR PERFORMANCE OF TASK:

Pillows
Rubber tubing
Patient's chart
Physician's order
Cotton stockinette
Treatment table/bed/chair
Two layer nylon stockinette
Intermittent compression pump
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Assemble equipment and connect hoses to outlets on stockinette.
3. Set pressure controls to the desired millimeters of mercury.
4. Set system timer for desired treatment time. In sequence set the on timer, off timer, first delay timer and second delay timer to desired times.
5. Greet patient and verify patient's identification.
6. Explain intermittent venous compression procedure to the patient:
   - A. How equipment works.
   - B. What the treatment does.
   - C. What can be expected (treatment procedures/steps).
   - D. What is expected of patient.
   - E. How long treatment will last.

PERFORMANCE GUIDE (cont.)

7. Instruct patient to remove any object from and around treatment area and check skin for sensation and infection.
   NOTE: If object such as a ring cannot be removed’ pad it with gauze.
8. Position patient and apply cotton stockinette over treatment area.
9. Apply two layered nylon stockinette and elevate treatment area.
10. Initially inflate stockinette while exhaust cycle is off.
11. Adjust pressure until the patient can feel their pulse and then decrease pressure until it can no longer be felt.
    CAUTION: Do no exceed the diastolic blood pressure. The patient should not feel pain, tingling, numbness or pulse during treatment.
12. Reset the unit to cycle so that pressure is applied for about 45-60 seconds and released about 15 seconds.
    NOTE: During the exhaust cycle, the patient should be encouraged to exercise fingers and toes unless otherwise indicated.
13. Continue treatment for duration indicated by physician’s orders or treatment plan. Monitor the patient’s vital signs after the first hour and every two hours thereafter.
    CAUTION: If the pulse is greater than 30 percent of the resting pulse and the respiration rate is greater than 50 percent of the baseline rate, discontinue treatment and notify patient’s physician before resuming treatment.
14. Turn off pump when it’s on the deflation cycle, disconnect hoses and move pump out of the way.
15. Remove the two-layered nylon stockinette and the cotton stockinette from treatment area.
    NOTE: Cotton stockinette must be washed between treatments.
16. Check treatment area skin for contraindications.

PERFORMANCE GUIDE (cont.)

17. Record intermittent venous compression treatment according to physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 151

TASK: Give patient an ultraviolet light treatment.

STANDARD OF PERFORMANCE OF TASK:

Patient's minimal erythemal dose (MED) time must be identified prior to receiving ultraviolet light treatment. Only the areas of the body to be treated must be exposed to the ultraviolet radiant energy. Treatment time must be exact as indicated in physician's orders or treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Soap
Water
Sheet
Towel
Wash cloth
Skin pencil
MED test guide
Shaded goggles
Treatment table
Ultraviolet lamp
Steel tape measure
Physician's orders
Watch with second hand
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Check equipment's operational status warm up unit.
3. Greet patient and verify patient's identification.
4. Explain ultraviolet light treatment procedures:
    A. Indications and contraindications.
    B. Safety precautions to be followed.
    C. Sensations to be experienced by patient.
    D. Treatment steps to be followed.
    E. Expectations of patient during treatment.
5. Position patient and drape with two sheets.

PERFORMANCE GUIDE (cont.)

6. Expose treatment area and check skin in treatment area:
    - A. Clean and free of oils, lotions or creams.
    - B. Skin sensitivity and integrity.
    - C. Excessive hair.
    - D. New skin, rash, opened cuts or abrasions.
7. Instruct patient to don shaded goggles and don goggles yourself.
    CAUTION: Do not administer ultraviolet light treatment without shaded goggles. DO NOT USE SUNGLASSES!
8. Identify patient's MED (minimal erythemal dose) time.
    CAUTION: If MED is 6 months or older or patient's skin has changed colors since last treatment re-do MED test. See manufacturer's instructions for conducting MED tests.
9. Identify doses of ultraviolet prescribed:
    - A. Suberythemal dose (SED).
    - B. Minimal erythemal dose (MED).
    - C. First degree erythemal dose (E1).
    - D. Second degree erythemal dose (E2).
    - E. Third degree erythemal dose (E3).
10. Expose patient to ultraviolet light:
    - A. General exposure:
        - (1) Center the lamp directly over the superior half the patient's body at the same distance that was used for testing.
        - (2) Uncover area to be treated, open the shutters and time the ultraviolet dose prescribed based on patient's MED time.
        - (3) Close shutters, replace drape and move lamp to the inferior half of patient's body.
        - (4) Repeat steps 2 and 3 until all areas to be treated have been exposed to ultraviolet light for prescribed time and dose.
          CAUTION: No area receives a double exposure.
        - (5) Remove lamp and turn it off when treatment is complete.
    - B. Local exposure using cold quartz generator:
        - (1) Cover the burner and allow a 1-3 minute warm-up period.

PERFORMANCE GUIDE (cont.)

(2) Position the lamp so that the waves will be perpendicular to the skin surface, and ensure a 1-inch distance by propping it securely with pillows or a gauze doughnut.

(3) Administer dosage depending on the condition:
  a. Generally, mucosal surfaces can tolerate twice as much ultraviolet from any source as epidermal tissues.
  b. Healing wounds may be treated with MED or E1 doses from any UV source.
  c. Indolent ulcers or infected wounds may be treated with E2 or E3 doses from any UV source to stimulate repair, destroy bacteria and increase blood supply.

(4) Identify distance and exposure time for prescribed dosage:

a.	MED	1 inch	12-15 seconds.
b.	E1	1 inch	36-45 seconds.
c.	E2	1 inch	72-90 seconds.
d.	E3	1 inch	135-180 seconds.

(5) Turn on lamp for prescribed time, exposing only treatment area.

(6) Turn off the burner and remove it from patient's treatment area.

11. Record ultraviolet light treatment information:
  A. Date of treatment.
  B. Specific areas treated.
  C. Marker points for drape sheets.
  D. Distance measurements.
  E. Specific lamp used.
  F. Reference points for distance measurements.
  G. Date of last MED.
  H. Ultraviolet dosage administered.

SOURCE OF STANDARD:

Writing team of incumbent workers
Manual for physical therapy
Physical therapy procedures, selected techniques

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 152

TASK: Administer diathermy treatment.

STANDARD OF PERFORMANCE OF TASK:

Diathermy treatment must produce a heat by the conversion of high frequency electromagnetic energy to heat energy in the patient's tissues to increase blood flow locally, and decrease perspiration. Treatment duration must range from 10-30 minutes as indicated by physician's orders or physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Sheet
Towel
Gown
Electrodes
Diathermy unit
Patient's chart
Electrode cables
Physician's orders
Treatment table/chair
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Check diathermy equipment and verify that it is functioning.
3. Greet patient and verify patient's identification.
4. Instruct patient to remove all clothing and metal objects from treatment area.
   CAUTION: Metal objects and perspiration concentrate the current and potentially cause burns.
5. Position the patient on plinth or chair in a comfortable, secure position.
   CAUTION: Always use a wooden plinth or chair because it cannot conduct current. Avoid foam rubber pillows since they can absorb moisture and heat.

PERFORMANCE GUIDE (cont.)

6. Explain diathermy treatment procedure to patient:
    A. What they will feel.
    B. Why they are getting treatment.
    C. Contraindications.
    D. What is expected of them during treatment.
7. Select a treatment method and set it up:
    A. Short wave diathermy.
    B. Microwave diathermy.
8. Turn on machine and let it warm up.
9. Adjust intensity to a level which produces a mild warmth.
    NOTE: Emphasize the importance of not moving to the patient.
10. Continue treatment for duration indicated by physician's order or physical therapy treatment plan.
    NOTE: Treatment time is usually 20 to 30 minutes; 10 to 15 minutes for sub-acute inflammatory condition.
11. Check patient's frequently to ensure patient's comfort.
12. Return all dials to zero, turn off machine and return machine to storage.
13. Record diathermy treatment as required by physician orders.

SOURCE OF STANDARD:

Writing team of incumbent workers
Physical therapy procedure, selected procedures

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 153

TASK: Administer ultrasonic treatment.

STANDARD OF PERFORMANCE OF TASK:

Communication must be maintained with patient for duration of ultrasound treatment. Ultrasound treatment intensity, duration and location must match the treatment outlined in physician's order/treatment plan. Patient's response to ultrasound treatment must be monitored and charted in accordance to physical therapy department guidelines.

CONDITIONS FOR PERFORMANCE OF TASK:

Gowns
Linens
Pillows
Step stool
Chair/plinth
Therapy stool
Treatment plan
Rubbing alcohol
Physician order
Patient's chart
Ultrasound machine
Ultrasound lotion/gel

PERFORMANCE GUIDE:

1. Review physician's order/treatment plan.
2. Verify patient's identification.
3. Communicate with patient:
   A. Discuss patient's present condition.
   B. Discuss patient's past medical history.
   C. Identify prior treatments and tolerance to the treatments:
      (1) Indications.
      (2) Contraindications.
   D. Explain current treatment procedures to the patient.
   E. Establish if patient will need assistance.

PERFORMANCE GUIDE: (cont.)

4. Prepare patient for ultrasound treatment:
   - A. Expose treatment area (gown if needed).
   - B. Position and drape patient.
   - C. Check area to be treated for skin integrity.
5. Apply ultrasound lotion/gel to treatment area.
6. Check ultrasound equipment:
   - A. Verify correct treatment head.
   - B. Verify all setting are on zero.
7. Place the face of the treatment head in contact with lotion/gel on treatment area.
8. Adjust treatment time setting and turn on ultrasound machine.

   NOTE: Some units come on automatically when the timer is set. Placing the transducer in contact with the skin after the unit is on can result in crystal cracking.
9. Adjust ultrasound treatment intensity while moving treatment head over treatment area and monitoring patient's tolerance to treatment intensity.

   CAUTION: If the transducer is allowed to remain motionless in one spot for too long, a burning sensation will be felt by the patient.
10. Continue ultrasound treatment for duration of indicated treatment time maintaining contact between treatment head and lotion/gel and maintaining a slow steady circular motion. Re-apply lotion/gel as needed.

    CAUTION: Avoid ultrasound treatment head contact with spinal cord area at all times.
11. Terminate ultrasound treatment:
    - A. Turn down intensity on ultrasound unit.

      NOTE: Lifting transducer from the treatment area while unit intensity is on can result in crystal cracking.
    - B. Remove and clean treatment head.
    - C. Turn off ultrasound unit.
    - D. Clean lotion/gel from patient with rubbing alcohol.
    - E. Check patient's condition.
    - F. Assist patient as needed.
12. Verify next appointment time.

PERFORMANCE GUIDE: (cont.)

13. Clean and restock treatment area.
14. Return ultrasound unit to storage area.

SOURCE OF STANDARD:

Writing team of incumbent workers
Manual for physical therapy

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 154

TASK: Administer transcutaneous electrical nerve stimulation (TENS) treatment.

STANDARD OF PERFORMANCE OF TASK:

TENS treatment must provide muscle and nerve stimulation for the relief of aches and pains due to muscle strains, pulls or tightness. Treatment intensity and duration must be in accordance with physician's orders and physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Gown
Sheet
Towels
Batteries
TENS unit
Electrodes
Treatment table
Electrode wires
Physician's orders
TENS unit operation manual
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review the physician's orders and the physical therapy treatment plan.
2. Greet the patient and verify patient's identification.
3. Explain the TENS treatment procedure to the patient:
    - A. What is to be done.
    - B. Why it is being done.
    - C. What will be felt.
    - D. What is expected of the patient.
4. Instruct patient to remove all clothing and jewelry from treatment area.

PERFORMANCE GUIDE (cont.)

5. Check the skin in the treatment area:
    - A. Must be clean and free of lotions, oils and creams.
    - B. Skin sensation.
    - C. Moles, warts, and scar tissue.
    - D. Open wounds.

      CAUTION: Never stimulate any part of a patient who has implanted or external atomic devices or history of a cardiac problem.
6. Position patient based on area to be treated and drape patient for warmth and privacy.
7. Attach lead wires to electrodes.

   NOTE: Padded electrodes should be soaked in warm water.
8. Place electrodes on either side of the painful area and secure the electrodes in place.

   CAUTION: Ensure complete contact between skin and electrodes or skin irritation and possible burns can result.
9. Turn intensity control knob to zero, attach electrode wires to the TENS unit and turn it on.
10. Adjust the stimulus intensity, duration, frequency and ramp time.

    NOTE: Patient sensation should be a prickly/tingly feeling or muscle contraction.
11. Set treatment time to 20 minutes or longer as indicated by physician's orders or physical therapy plan.

    CAUTION: Patient should have a call bell available at all times when in treatment room alone.
12. Turn intensity control slowly to zero and turn off the unit.
13. Assist patient to remove electrodes and clean treatment area.
14. Check patient's skin for unusual problems or contraindications.

PERFORMANCE GUIDE: (cont.)

15. Document the setting for intensity, duration and frequency including:
    - A. Intensity.
    - B. Duration and frequency of the stimulants.
    - C. Exact electrode placement.
    - D. Specific unit used.

SOURCE OF STANDARD:

Writing team of incumbent workers
Physical therapy department guidelines

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 155

TASK: Position lumbarsacral or cervical support pillow.

STANDARD OF PERFORMANCE OF TASK:

Pillow support must be provided to the patient's lower back and cervical area to relieve pain or enhance positioning for a physical therapy treatment.

CONDITIONS FOR PERFORMANCE OF TASK:

Treatment table/chair
Cervical support pillow
Lumbarsacral support pillow

PERFORMANCE GUIDE:

1. Identify painful area or positioning needed for treatment.
2. Explain to patient the procedure for positioning support pillows and why they are necessary.
3. Locate area needing a support pillow:
   A. Lumbarsacral area: Place support pillow behind patient between the chest and the pelvis area.
   B. Cervical area: Place support pillow behind patient's neck between base of skull and top of shoulders.
4. Lower patient gently onto pillow.
5. Verify pillow positioning and patient's comfort.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 156

TASK: Assist patient with three-point gait treatment.

STANDARD OF PERFORMANCE OF TASK:

Three-point gait treatment must provide ambulation exercise to a patient who is non-weight bearing on one leg or who is wearing a cast on one leg and using crutches.

CONDITIONS FOR PERFORMANCE OF TASK:

Crutches
Gait belt
Support staff
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physical therapy treatment plan for established goals for identified gait defects.
2. Greet the patient and verify patient identification.
3. Position gait belt around patient's waist.
4. Direct patient to area or wide space.
5. Locate crutches and adjust according to patient size.
6. Explain three-point gait procedures to patient.
7. Demonstrate use of crutches for three-point gait treatment:
   A. Crutches need to be six inches out in front and out to the side of the patient.
   B. Lift leg which requires no-weight bearing.
   C. Move both crutches simultaneously out in front.
   D. Swing affected leg out in front.
   E. Hop up with unaffected leg to level of crutches.
8. Provide for patient's safety:
   A. Gait belt.
   B. Guarding.
   C. Physical assistance.

PERFORMANCE GUIDE (cont.)

9. Monitor patient while they perform three-point gait exercises.
10. Record three-point gait treatment according to physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 157

TASK: Assist patient with four-point gait treatment.

STANDARD OF PERFORMANCE OF TASK:

Four-point gait treatment must provide ambulation exercise to a patient who is non-weight bearing on both legs or who is wearing casts on both legs and using crutches.

CONDITIONS FOR PERFORMANCE OF TASK:

Crutches
Gait belt
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physical therapy treatment plan for established goals for identified gait defects.
2. Greet the patient and verify patient identification.
3. Position gait belt.
4. Direct patient to area or wide space.
5. Locate crutches and adjust according to patient's size.
6. Explain four-point gait procedures to patient.
7. Demonstrate crutch four-point gait.
    - A. Crutches need to be six inches out in front and 6 inches out to the side of patient.
    - B. Move one crutch out in front and then move opposite leg up to crutch.
    - C. Move other crutch out in front and then move opposite leg up to crutch.
8. Provide for patient's safety:
    - A. Gait belt.
    - B. Guarding.
    - C. Physical assistance.

PERFORMANCE GUIDE (cont.)

9. Monitor patient while they perform four-point gait exercises.
10. Record four-point gait treatment according to physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 158

TASK: Assist patient with parallel bars gait treatment.

STANDARD OF PERFORMANCE OF TASK:

Parallel bar gait treatment instructions must be provided in accordance with physician's orders. Parallel bar gait treatment procedures must be explained and demonstrated suited for patient's condition. Parallel bar equipment must be adjusted to meet the patient's needs prior to beginning treatment. The patient must be monitored throughout the parallel bar gait treatment.

CONDITIONS FOR PERFORMANCE OF TASK:

Chair
Parallel bars
Patient's chart/treatment plan
Gait belt (walking safety belt)

PERFORMANCE GUIDE:

1. Greet patient and verify patient's identification.
2. Explain parallel bar gait treatment to patient.
3. Establish patient's height and adjust parallel bars to fit patient.
4. Assist patient to parallel bar.
5. Verify that parallel bar adjustment meets the patient's needs.
6. Explain and demonstrate parallel bar gait treatment to patient.
   NOTE: One or all of the following exercises may be performed depending on patient's treatment plan.
   A. Straight walk:
      (1) Hold both bars one in each hand.
      (2) Walk forward on marked line.
      (3) Walk backward on marked line.

PERFORMANCE GUIDE (cont.)

B. Brading:
  (1) Face one bar.
  (2) Hold bar with both hands side by side.
  (3) Place right foot over left foot so legs are crossed.
  (4) Uncross legs by bringing left around behind right foot.
  (5) Repeat steps three and four several times moving hands along bar as necessary.

C. Range of motion:
  (1) Face one bar with feet side by side.
  (2) Hold bar with both hands side by side.
  (3) Lift right leg to right side as high as comfortable.
  (4) Return right foot to floor.
  (5) Lift left foot to left side as high as comfortable.
  (6) Return left foot to floor.
  (7) Lift right foot forward as far as comfortable.
  (8) Return right foot to floor.
  (9) Lift right foot back as far as comfortable.
  (10) Return right foot to floor.
  (11) Lift left foot forward as far as comfortable.
  (12) Return left foot to floor.
  (13) Lift left foot back as far as comfortable.
  (14) Return left foot to floor.
  (15) Repeat steps three through fourteen several times.

7. Assist patient into correct position for first gait exercise.
8. Instruct patient to perform each gait exercise the number of repetitions required as indicated by treatment plan.
9. Monitor patient throughout gait treatment providing support, encouragement and aid as needed.
10. Engage patient in conversation during treatment.
11. Assist patient to chair or treatment table once treatment is complete.
12. Record patient's parallel bar treatment progress as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 159

TASK: Assist patient with rolling walker gait treatment.

STANDARD OF PERFORMANCE OF TASK:

Rolling walker gait treatment instructions for level surfaces, inclines and doorways must be provided in accordance with physician's orders and physical therapy treatment plan. The patient must be monitored throughout the rolling walker gait treatment procedures.

CONDITIONS FOR PERFORMANCE OF TASK:

Gait belt
Wheelchair
Rolling walker
Treatment plan
Physician's orders

PERFORMANCE GUIDE:

1. Review physician's orders/treatment plan.
2. Position patient in wheelchair.
3. Apply gait belt around patient.
4. Transport patient to area for gait training.
5. Explain to patient the right way to use rolling walker.
6. Demonstrate rolling walker gait procedure.
7. Position walker in front of patient.
8. Assist patient stand.
9. Instruct patient to grasp walker and walk into it.
10. Monitor patient's rolling walker treatment:
    A. Level surface.
    B. Inclines.
    C. Doorways.
    NOTE: Walk closely behind and slightly to one side of patient and steady them as needed.
11. Help patient back to wheelchair.

PERFORMANCE GUIDE: (cont.)

12. Record rolling walker treatment as required by physical therapy department.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 160

TASK: Assist patient with walker gait treatment.

STANDARD OF PERFORMANCE OF TASK:

Walker gait treatment instruction for level surfaces, inclines, steps, and opening/closing doors, must be provided in accordance with physician's orders. Walker gait treatment procedures must be explained, demonstrated, appropriate for the patient's condition. Walker equipment must be adjusted to meet patient's needs. The patient must be monitored throughout the walker gait treatment procedures.

CONDITIONS FOR PERFORMANCE OF TASK:

Walker
Patient's chart
Gait belt (walking safety belt)
Physician's orders/treatment plan

PERFORMANCE GUIDE:

1. Review physician's order/treatment plan.
2. Verify patient's identity and explain procedure.
3. Obtain and inspect walker to ensure it has rubber tips on legs and hand grips.
4. Position walker by treatment table/bed.
5. Assist patient to dangle on treatment table/bed.
6. Position gait belt around patient's waist.
7. Assist patient to stand.
8. Instruct patient to grasp hand bar keeping elbows flexed.
9. Adjust height of walker so that hand bar is just below patient's waist:
   A. Loosen wing nut and remove leg securing bolts.
   B. Slide legs up or down until walker length is comfortable for patient.
   C. Align hole in upper portion of walker with closest hole in bottom portion of walker.

PERFORMANCE GUIDE: (cont.)

    D. Insert securing bolt though the holes and tighten wing nuts.
       CAUTION: Ensure that wing nuts are tight to prevent the walker from wobbling or slipping.

10. Instruct patient on how to use walker:
    - A. Move walker ahead six inches.
    - B. Move one foot up to walker leading with weaker leg.
    - C. Move other foot up to walker.
    - D. Practice walking by repeating A, B, and C.
11. Walk closely behind and slightly to side of patient and steady as needed.

    NOTE: Use a gait halter if patient is unsteady or insecure.
12. Assist patient back onto table/bed at conclusion of walker gait treatment.
13. Ensure patient's comfort.
14. Position walker within patient's reach as condition dictates.
15. Chart walker gait treatment in accordance with physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 161

TASK: Assist patient with cane gait treatment.

STANDARD OF PERFORMANCE OF TASK:

Cane gait treatment instructions for level surfaces, inclines, up and down steps, and for opening/closing doors must be provided to the patient according to physician's orders. Cane gait treatment procedure must be explained and demonstrated in accordance with the patient's condition. The cane must be checked for rubber safety tip and adjusted to meet patient's needs. The patient must be monitored throughout the cane gait treatment procedure.

CONDITIONS FOR PERFORMANCE OF TASK:

Cane
Patient's chart
Training stairs
Physician's orders
Treatment table/chair
Physical therapy treatment plan
Gait belt (walking safety belt)

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure.
2. Assemble equipment and check presence and condition of rubber tip on cane.
3. Demonstrate cane walking procedure to patient.
4. Position gait belt around patient's waist.
5. Assist patient to stand.
6. Adjust length of cane according to patient's height:
   - A. Loosen wing nut and remove leg securing bolt.
   - B. Slide leg up or down until cane length is comfortable for patient.
   - C. Align hole in upper portion of cane with closest hole in bottom of cane.

PERFORMANCE GUIDE: (cont.)

   D. Insert securing bolt though the holes and tighten wing nut.
      CAUTION: Ensure that wing nut is tight to prevent the cane from wobbling or slipping.

7. Instruct patient concerning use of cane depending upon condition:
   - A. Hold cane in hand opposite affected extremity.
   - B. Move cane simultaneously with affected extremity.
   - C. Keep cane close to body.
8. Instruct patient in walking up and down steps:
   - A. Step up with unaffected extremity.
   - B. Place cane one step and move up affected extremity.
   - C. Reverse procedure for going down steps.
9. Supervise patient while they practice walking with a cane on:
   - A. Level surfaces.
   - B. Inclines.
   - C. Steps.
   - D. Through doors.
10. Assist patient back to table or chair after practice.
11. Place cane within patient's reach as condition dictates.
12. Ensure patient's comfort.
13. Chart cane gait treatment in accordance with physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 162

TASK: Assist patient with quad cane gait treatment.

STANDARD OF PERFORMANCE OF TASK:

Quad cane gait treatment instructions for level surfaces, inclines, up and down steps, and for opening/closing doors must be provided to the patient according to physician's orders. Quad cane gait treatment procedure must be explained and demonstrated in accordance with the patient's condition. The quad cane legs must be checked for rubber safety tips and the cane adjusted to meet patient's needs. The patient must be monitored throughout the quad cane gait treatment procedure.

CONDITIONS FOR PERFORMANCE OF TASK:

Gait belt
Physician's orders
Quad cane--wide base
Quad cane--small base
Parallel bars if needed
Patient's rubber soled shoes
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Verify patient's identification and explain procedure.
2. Locate proper sized quad cane in response to patient's necessity of support:
   A. Small base for less support.
   B. Wide base for more support.
3. Adjust quad cane to patient's height, hand grip being at femoral head or at patient's wrist break with elbow flexed 30 degrees.
4. Adjust quad cane for proper side of patient with flared legs to the outside.
5. Demonstrate gait pattern to patient:
   A. Holding cane on opposite side of lower extremity deficit.

PERFORMANCE GUIDE: (cont.)

B. Alternating gait: Move quad cane, deficient 2E., Normal 2E.

C. Simultaneous gait: Move cane and LE. together then step through with Normal 2E.

6. Put gait belt around waist of patient.
7. Assist patient to stand with quad cane.
8. Monitor patient while they practice gait sequence.
9. Check balance, endurance, and gait pattern.
   NOTE: If patient is unsteady, determine if parallel bars are needed.
10. Record distance of gait with quad cane and how much assistance patient required.
11. Establish if patient is independent with gait or if further instruction is needed.
12. Document gait pattern used, how much assistance needed, distance patient ambulated, small or large base cane, balance and endurance levels and independence or non-independence with quad cane.
13. Report quad cane gait treatment as required by physical therapy department.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PATIENT CARE SERVICES

PERFORMANCE OBJECTIVE NO. 163

TASK: Assist patient with auxiliary crutch gait treatment.

STANDARD OF PERFORMANCE OF TASK:

Auxiliary crutch gait treatment instructions for level surfaces, inclined surfaces, up and down steps and how to open/close doors, must be provided according to physician's orders. Auxiliary crutch gait treatment must be explained and demonstrated in accordance with the patient's condition. Crutches must be checked for rubber safety tips and adjusted to meet patient's needs. The patient must be monitored throughout the auxiliary crutch gait treatment procedures.

CONDITIONS FOR PERFORMANCE OF TASK:

Crutches
Tape measure
Patient's chart
Physician's order
Physical therapy treatment plan
Gait belt (walking safety belt)

PERFORMANCE GUIDE:

1. Check physician's order/treatment plan.
2. Verify patient's identification and explain procedure.
3. Assemble equipment and check crutches for rubber tips.
4. Demonstrate crutch-walking gait procedure ordered by physician.
5. Measure patient for crutches according to department guidelines:
    A. Provide privacy for patient.
    B. Instruct patient to lie flat on back with body straight on treatment table.
    C. Place crutch rest under patient's armpit allowing for two - three finger space.

PERFORMANCE GUIDE: (cont.)

D. Adjust crutch length so bottom of rubber tip is level with bottom of patient's shoe.
CAUTION: Ensure that securing wing nut is tight to prevent crutch from wobbling or slipping.
E. Remove crutches and place to one side.
6. Assist patient to dangle on treatment table.
7. Place walking belt around patient's waist.
8. Assist patient to stand.
9. Assist patient with positioning and using crutches.
10. Steady patient with walking belt as needed.
11. Supervise patient's auxiliary crutch gait practice:
A. Walking on a level surface.
B. Walking on a inclined surface.
C. Walking up/down steps.
D. Opening/closing doors.
NOTE: Use gait halter if patient is unsteady or insecure.
12. Assist patient back to table/bed at conclusion of practice.
13. Place crutches within patient's reach as condition dictates.
14. Ensure patient's comfort.
15. Record auxiliary crutch gait treatment as required by the physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 164

TASK: Assist patient with loftstand crutch gait treatment.

STANDARD OF PERFORMANCE OF TASK:

Loftstand crutch gait treatment instruction for level surfaces, inclined surfaces, up and down steps and how to open/close doors, must be provided according to physician's orders. Loftstand crutch gait treatment must be explained and demonstrated suited for the patient's condition. Loftstand crutches must be checked for rubber safety tips and adjusted to meet patient's needs. The patient must be monitored throughout the auxiliary crutch gait treatment procedures.

CONDITIONS FOR PERFORMANCE OF TASK:

Gait belt
Wheelchair
Loftstand crutches
Physician's orders
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Position gait belt around patient's waist.
3. Locate loftstand crutches and check crutches for rubber tips.
4. Greet patient and verify patient's identification.
5. Explain to patient the correct way to use loftstand crutches.
6. Demonstrate loftstand crutch gait procedure.
7. Adjust loftstand crutches to fit patient's needs.
8. Help patient stand.
9. Make sure forearm supports are in place.
10. Hold patient by gait belt while he/she makes proper gait (3 point, 4 point, swing two and swing through).

PERFORMANCE GUIDE: (cont.)

11. Repeat step 7-10 until patient can use crutches safely.
12. Help patient back to wheelchair.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 165

TASK: Administer range of motion (ROM) treatment.

STANDARD OF PERFORMANCE OF TASK:

Range of motion exercises must be provided according to physician's orders and physical therapy plan including passive range of motion (PRM), active assistive range of motion (AARM), and active range of motion (ARM). Range of motion exercises must not go beyond patient's natural range and must not cause patient undue pain or discomfort.

CONDITIONS FOR PERFORMANCE OF TASK:

Bed/mat
Patient's chart
Physician's orders
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Greet patient and verify patient's identification.
3. Explain treatment procedure to patient.
4. Position patient for comfort and accessibility for exercise program.
5. Instruct/administer exercise:
    A. Passive range of motion - gently and slowly move area to be treated through natural range without patient's assistance.
    B. Active/assistive range of motion - gently and slowly move area to be treated through natural range with assistance from patient as tolerated.
    C. Active range of motion - verbally instruct patient to gently/slowly move area to be treated through natural range as tolerated.

PERFORMANCE GUIDE: (cont.)

6. Monitor patient's tolerance during and after exercise, adjusting exercise program as necessary.
7. Document treatment and patient's tolerance as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 166

TASK: Instruct patient on progressive resistive exercise (PRE) treatment.

STANDARD OF PERFORMANCE OF TASK:

Progressive resistance exercise must be provided to the patient using three different poundages of weights for the part of the body which needs strengthening. Exercise duration and repetitions must be as indicated by physician's orders or physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Weight rack
Exercise mat
Cuff/hand weights
Physician's orders
Assistant or therapist
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Greet patient and verify patient's identification.
3. Show patient exercise mat.
4. Explain to patient what you are going to do and why.
5. Obtain cuff weights from rack, using three weights of progressive pounds.
   NOTE: One pound, two pound, three pound progressive weights are generally used.
6. Instruct patient to use cuff weight by putting on ankle or body part to be exercised.
7. Instruct patient to do repetitions using the one pound weight for the first ten repetitions, two pound weight for the second ten repetitions and the three pound weight with the third set of ten repetitions.

PERFORMANCE GUIDE: (cont.)

8. Record progressive resistive exercise treatment progress as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 167

TASK: Assist patient with strengthening exercise treatment.

STANDARD OF PERFORMANCE OF TASK:

Strengthening exercises must be provided according to physician's orders and physical therapy treatment plan including isometric, isotonic, and isokinetic exercises. Strengthening exercises must not cause patient overexertion, stress, or undue pain and discomfort.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Physician's orders
Bed or exercise mat
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Greet patient and verify patient's identification.
3. Explain treatment procedure.
4. Position patient for comfort and accessibility for exercise treatment.
5. Instruct/administer exercise:
    A. Isometric --assist patient in exercising affected area in a manner resulting in muscle contraction without joint movement.
    B. Isotonic --assist patient in exercising affected area in a manner resulting in muscle contraction with joint movement.
    C. Isokinetic --assist patient in exercising affected area against resistance which is adjusted according to force i.e. more force from affected area results in more resistance being applied.
    NOTE: Usually performed on a machine such as a Cybex.

PERFORMANCE GUIDE: (cont.)

6. Monitor patient's tolerance during and after exercise, adjusting exercise program as necessary.
7. Document treatment and patient's tolerance as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 168

TASK: Assist patient with stretching exercise treatment.

STANDARD OF PERFORMANCE OF TASK:

Stretching exercise must be provided according to physician's orders or physical therapy treatment plan. Stretching exercise must not cause patient pain or discomfort.

CONDITIONS FOR PERFORMANCE OF TASK:

Plinth/table
Physician's order
Physical therapist or assistant
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Greet patient and verify patient identification.
3. Direct patient to table or plinth.
4. Expose area to be treated.
5. Explain to patient what is to be done.
6. Position patient for treatment.
7. Physical therapist or assistant cradles part to be stretched by proper hand placement.
8. Stretch region in direction of tightness of bodily part.
9. Identify patient's discomfort or pain while assisting with the stretch.
10. Gently lower bodily part to normal position.
11. Rest the patient before getting the patient up.
12. Explain to patient possible side effects.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 169

TASK: Assist patient with sitting balance exercise treatment.

STANDARD OF PERFORMANCE OF TASK:

Sitting balance exercise must be provided according to physician's orders or physical therapy treatment plan using a chair, vestibular board, NDT ball, scooter board, bolster, mat, table, or assistant's knees. Sitting balance exercise must not endanger the patient's well-being.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Balance equipment
Physician's orders
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Greet patient and verify patient identification.
3. Explain procedure.
4. Position patient in sitting position on:
   - A. Chair.
   - B. Vestibular board.
   - C. NDT Ball.
   - D. Scooter board.
   - E. Assistant's knees.
   - F. Bolster.
   - G. Mat or table.
5. Provide support depending on patient's ability.
6. Provide balance trials/challenges by:
   - A. Removing support periodically.
   - B. Moving sitting surface.
   - C. Moving patient away from central position by applying pressure to patient momentarily in different directions.

PERFORMANCE GUIDE: (cont.)

7. Adjust speed and degree of balance trials depending upon patient's ability and reaction.
8. Reassure verbally throughout trials.
9. Allow rest as needed.
10. Monitor patient throughout treatment.
11. Record sitting balance treatment as required by the physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 170

TASK: Assist patient with standing balance exercise treatment.

STANDARD OF PERFORMANCE OF TASK:

Standing balance exercise must be provided according to physician's orders and physical therapy treatment plan using a floor, vestibular board or mat. Standing balance exercise must not endanger patient or cause them pain or discomfort.

CONDITIONS FOR PERFORMANCE OF TASK:

Gait belt
Patient's chart
Balance equipment
Physician's orders
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Greet patient and verify patient's identification.
2. Explain treatment procedure.
3. Position gait belt around patient's waist.
4. Position patient on desired surface:
    A. Floor.
    B. Vestibular board.
    C. Mat.
5. Provide balance trials/challenges by:
    A. Removing support momentarily.
    B. Moving balance surface.
    C. Applying pressure to patient in different directions to move patient away from center position.
6. Adjust speed and degree of trials according to patient's ability/reactions.
7. Reassure patient verbally.
8. Allow patient to rest as needed.
9. Monitor patient's tolerance throughout treatment.

PERFORMANCE GUIDE: (cont.)

10. Record treatment details in chart as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 171

TASK: Assist patient in protective reflex training.

STANDARD OF PERFORMANCE OF TASK:

Protective reflex training must teach the patient to protect themselves in case of a fall. Protective reflex training must not injure or endanger the patient.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Training devices
Physician's orders
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Greet patient and verify patient's identification.
2. Explain procedure to patient.
3. Position patient:
   A. In your arms.
   B. Over bolster.
   C. Over NDT ball.
4. Move patient in a swift downward motion towards floor in an attempt to elicit an extension of patient's arms and reaching to floor to stop downward motion.
5. Communicate reassurance verbally.
6. Allow patient to rest as needed.
7. Repeat procedure according to patient's tolerance and cooperation.
8. Monitor patient's reaction throughout treatment.
9. Chart treatment details according to physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 172

TASK: Assist patient with fine motor coordination exercise treatment.

STANDARD OF PERFORMANCE OF TASK:

Fine motor coordination exercise must be provided to the patient according to physician's orders and physical therapy treatment plan enabling the patient to manipulate objects.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Physician's orders
Fine-motor equipment
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Greet patient and verify patient's identification.
2. Explain procedure to patient.
3. Position patient as desired with needed support.
4. Assist patient as needed in manipulating objects with hand/hands as per treatment plan.
5. Vary difficulty and equipment as per patient's ability and progress.
6. Allow patient to rest as needed.
7. Reassure/reward verbally.
8. Monitor patient's tolerance throughout treatment.
9. Chart treatment details according to physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 173

TASK: Assist patient with gross motor strengthening exercise treatment.

STANDARD OF PERFORMANCE OF TASK:

Gross motor strengthening exercises must be provided to the patient including curl-ups, bridges, back extensions, and SLR's for the weight and repetitions as indicated in the physician's orders or physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Weights
Patient's chart
Physician's orders
Exercise surface/mat
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Greet patient and verify patient's identification.
2. Escort patient to exercise surface/mat.
3. Assist patient in positioning.
4. Instruct patient on gross motor strengthening procedure.
5. Perform exercise as needed.
6. Repeat repetitions per treatment plan and patient's tolerance.
7. Repeat steps 3-6 for each individual strengthening exercise (i.e. curl-ups, bridges, back extension, SLR's, etc.).
   NOTE: Weights may be added in some cases to provide resistance.
8. Allow patient to rest between exercises as needed.
9. Reassure/reward verbally.
10. Monitor patient's reaction throughout treatment.
11. Chart treatment details according to physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 174

TASK: Assist patient with staircase gait training.

STANDARD OF PERFORMANCE OF TASK:

Patient must be able to climb up and down staircase with minimal assistance without experiencing injury or undue pain. Duration and repetitions of staircase gait training must be according to physician's orders or physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Staircase
Gait belt
Wheelchair
Crutches/walker
Physician's orders
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Transport patient by wheelchair to staircase.
2. Prepare patient for gait.
3. Put gait belt around patient.
4. Explain to patient the correct way to use crutches/walker on stairs.
5. Assist patient to stand.
6. Assist patient up stairs making sure they are using crutches/walker correctly.
7. Assist patient down stairs making sure they are doing it correctly.
8. Repeat procedure until patient will be safe doing stairs alone or with help.
9. Help patient back to wheelchair.
10. Take patient back to room.
11. Record patient's staircase gait progress as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 175

TASK: Give patient neurodevelopmental training (NDT).

STANDARD OF PERFORMANCE OF TASK:

Neurodevelopmental training must be provided to patient according to physician's orders and physical therapy treatment plan using a NDT ball, bolster, vestibular board, or assistant/aide's arms.

CONDITIONS FOR PERFORMANCE OF TASK:

Bolster
NDT ball
Patient's chart
Vestibular board
Physician's orders
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Greet patient and verify patient's identification.
2. Explain procedure to patient.
3. Select patient position:
   A. Supine.
   B. Prone.
   C. Sitting.
   D. Side lying.
4. Position patient on desired surface:
   A. NDT ball.
   B. Bolster.
   C. Vestibular board.
   D. Assistant/aide's arms.
5. Support patient as necessary.
6. Move surface to attempt to elicit appropriate patient reaction (moving head and trunk to keep a central position).
7. Cue patient verbally and physically as necessary.
8. Reassure/reward patient.
9. Allow patient to rest as necessary.

PERFORMANCE GUIDE: (cont.)

10. Monitor patient's reaction throughout treatment.
11. Chart treatment details as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 176

TASK: Perform muscle re-education.

STANDARD OF PERFORMANCE OF TASK:

Muscle re-education encourages patient muscle re-learning through tapotement, bio-feedback, and EMS.

CONDITIONS FOR PERFORMANCE OF TASK:

Booth and/or plinth
Physical therapist or assistant
Bio-feedback machine or EMS machine

PERFORMANCE GUIDE:

1. Greet patient and verify patient's identification.
2. Direct patient to booth.
3. Expose area for treatment.
4. Give muscle re-education to area by:
    - A. Tapotement.
    - B. Bio-feedback.
    - C. Electrical Muscular Stimulation (EMS).
    - D. Rood techniques.
5. Reassure patient throughout treatment.
6. Record patient's muscle re-education progress as required by the physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 177

TASK: Assist patient with assistive and resistive exercise using a pulley system.

STANDARD OF PERFORMANCE OF TASK:

Assistive and resistive upper body exercises must be provided using a pulley and weight system. The number of repetitions and the amount of weight used must be as indicated in physician's orders and physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Chair
Physician's orders
Weighted pulley system
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Hang pulley system on wall mount or in doorway.
3. Attach the number of weights to achieve the amount of poundage indicated in physical therapy treatment plan.
4. Greet patient and verify patient's identification.
5. Explain pulley system exercise procedure to patient and position patient under pulley system.
6. Show patient how to use pulley system assisting them with the practice repetitions.
7. Initiate pulley system exercise:
   A. Assist patient to make each repetition as indicated in assistive exercise physical therapy treatment plan.
   B. Monitor patient while they do required repetitions by themselves as indicated in resistive exercise physical therapy treatment plan.
8. Terminate pulley system exercise.

PERFORMANCE GUIDE: (cont.)

9. Record pulley exercise progress as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 178

TASK: Assist patient with treadmill exercise.

STANDARD OF PERFORMANCE OF TASK:

Treadmill exercise must be provided to the patient using either a manual or electrical treadmill unit. Exercise provided to patient must be as indicated in physician's orders and physical therapy treatment plan and must not cause patient undue stress or pain.

CONDITIONS FOR PERFORMANCE OF TASK:

Towel
Patient's chart
Physician's orders
Manual electrical treadmill
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physician's orders and physical therapy treatment plan.
2. Check treadmill equipment to ensure it is functioning according to manufacturer's specification.
3. Greet patient and verify patient's identification.
4. Explain treadmill exercise procedure and demonstrate procedure to patient.
5. Position patient on treadmill and inform the patient that treatment is beginning.
6. Initiate treadmill exercise:
   A. Manual treadmill:
      (1) Set treadmill resistance.
      (2) Instruct patient to grasp side bars and to walk at pace and for duration indicated in physical therapy treatment plan or physician's orders.
      (3) Time patient and inform patient when treatment time is up.

PERFORMANCE GUIDE: (cont.)

B. Electrical treadmill:
(1) Locate treadmill controls and set:
a. Resistance.
b. Speed.
c. Treatment duration.
(2) Instruct patient to grasp side bars firmly and to walk as the treadmill begins to move.
(3) Monitor patient at all times in case there is trouble.

7. Monitor patient for signs of:
A. Fatigue.
B. Stress.
C. Color change.
D. Rapid change in vital signs.
CAUTION: If exercising a cardiac patient, monitoring should be more specific (blood pressure, pulse, EKG, respiration, etc.).
NOTE: If any of the above symptoms appear, stop treadmill exercise and allow patient to rest.

8. Terminate treadmill treatment at end of treatment time or if patient shows signs of contraindications.

9. Record treadmill exercise information as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 179

TASK: Assist patient with functional activities.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy assistant/aide must assist the patient to accomplish measurable functional activities goals and to become independent when performing functional activities including ambulation, range of motion, activities of daily living, muscular function, and work hardening activities.

CONDITIONS FOR PERFORMANCE OF TASK:

Activity area
Physician's orders
Physical therapy equipment
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Review physical therapy treatment plan for measurable functional activities goals and methods of instruction.
2. Assemble equipment and supplies needed for functional activities.
3. Greet patient and verify patient's identification.
4. Explain functional activities to patient using clear, concise, written and oral instructions.
5. Demonstrate the functional activity procedure being taught.
6. Initiate functional activity:
   - A. Ambulation.
   - B. Range of motion.
   - C. Activities of daily living.
   - D. Manual muscular functions.
   - E. Work hardening activities.
7. Provide feedback and encouragement during and after activity.
8. Aid patient verbally or physically as requested by patient or when signs of struggling or fear occur.

PERFORMANCE GUIDE: (cont.)

9. Assess the outcome of the functional activity to determine the effectiveness of the activity and the patient's progress.
10. Record functional activity results as required by the physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PERFORMING PHYSICAL THERAPY TREATMENTS

PERFORMANCE OBJECTIVE NO. 180

TASK: Assist patient with high level balance/gross motor coordination activities.

STANDARD OF PERFORMANCE OF TASK:

High level balance/gross motor coordination activities must be provided to the patient including single limb balance, jumping, hopping, skipping, heel/toe walking, balance beam acts, and scooter board acts as indicated by the physical therapy treatment plan.

CONDITIONS FOR PERFORMANCE OF TASK:

Mat
Balance beam
Scooter board
Treatment plan
Patient's chart
Vestibular board
Physician's orders
Physical therapy treatment plan

PERFORMANCE GUIDE:

1. Greet patient and verify patient's identification.
2. Escort patient to exercise area/surface.
3. Position patient in desired area.
4. Explain and demonstrate exercise technique:
   A. Single limb balance.
   B. Jumping.
   C. Hopping.
   D. Skipping.
   E. Heel/toe walking.
   F. Balance beam acts.
   G. Scooter board acts.
5. Assist patient with activity as necessary.
6. Repeat attempts as indicated in treatment plan.
7. Allow patient to rest as necessary.
8. Repeat steps 2-7 for different exercises.
9. Reassure and reward patient.
10. Monitor patient tolerance throughout treatment.

PERFORMANCE GUIDE: (cont.)

11. Chart treatment details as required by physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PSYCHO-SOCIAL CARE

PERFORMANCE OBJECTIVE NO. 181

TASK: Provide supportive listening for patient and family.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy assistant/aide must listen to patient, maintain direct eye contact and use body postures and gestures that suggest attentiveness, approachability and acceptance. Physical therapy assistant/aide must use both verbal and nonverbal communication techniques to reassure patient that they are listening and care about what is being said.

CONDITIONS FOR PERFORMANCE OF TASK:

Family
Patient's chart
Private, comfortable area

PERFORMANCE GUIDE:

1. Identify patient's need for supportive listening for themselves and/or family:
   - A. During regular treatment.
   - B. At specially scheduled time requested by patient or family members.
2. Listen to concerns calmly and with understanding, and avoid being judgmental.
   NOTE: Use direct eye contact, body posture, gestures, verbal and nonverbal communication skills to encourage patient communication.
3. Refer patient/family to counseling if necessary.
4. Record any information important to patient's care in chart.
   NOTE: Keep all patient/family information confidential.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PSYCHO-SOCIAL CARE

PERFORMANCE OBJECTIVE NO. 182

TASK: Identify possible abuse.

STANDARD OF PERFORMANCE OF TASK:

Evidence of possible abuse must be documented in exacting terminology. Additional information must be collected such that evidence of possible abuse can be substantiated or refuted and if warranted, authorities must be notified.

CONDITIONS FOR PERFORMANCE OF TASK:

Telephone
Other staff
Mail service
Support persons
Patient's records
Department stationary
Writing instrument/typewriter

PERFORMANCE GUIDE:

1. Notice signs of possible abuse.
   A. Bruises.
   B. Body marks.
   C. Changes in behavior.
   D. Verbal clues given by patient.
2. Note signs of possible abuse that were noticed.
   A. Date noticed.
   B. Appearance of body marks.
   C. Location of body marks.
   D. Size of body marks.
   E. Indications of recency of body marks.
   F. Nature of change in behavior.
   G. Exact comments made by patient in reference to possible abuse including context of comment and any questions asked of the patient.

PERFORMANCE GUIDE: (cont.)

3. Discuss the possibility of abuse with patient in a private setting.
   NOTE: Patient's mistrust or fear may work counter to obtaining accurate information.
   NOTE: Discussions with children must be handled gently.
   CAUTION: Patients may deliberately give false information with the intent to cause you to believe abuse has occurred when it has not occurred.
   CAUTION: It may be in your best interest to ask another person to witness all your dealings with the patient.
4. Discuss signs of possible abuse with other staff or support persons who may have noticed signs of possible abuse.
5. Review patient's records for information that could account for signs of possible abuse.
6. Review patient's records for history of abuse.
7. Decide if information collected warrants reporting the possible abuse.
8. Organize information regarding possible abuse.
9. Report possible abuse to authorities if warranted.
10. Watch closely for future signs of possible abuse.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PSYCHO-SOCIAL CARE

PERFORMANCE OBJECTIVE NO. 183

TASK: Respond to emotional needs of terminally ill patient and family.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy assistant/aide must respect patient's rights and promote a feeling of caring and willingness to help both the patient and family understand and cope with the situation.

CONDITIONS FOR PERFORMANCE OF TASK:

Family
Patient's chart

PERFORMANCE GUIDE:

1. Identify emotional needs of terminally ill patient/family and the stages they may go through.
2. Adjust comments to patient's needs:
   - A. If patient/family does not wish to talk, reassure them that you are available if needed.
   - B. If patient/family wants to share feelings, provide supportive listening.
   - C. If patient/family has questions, answer to your ability and refer to other appropriate counseling.
3. Record information necessary to patient's care in chart.
   NOTE: Keep patient/family information confidential.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PSYCHO-SOCIAL CARE

PERFORMANCE OBJECTIVE NO. 184

TASK: Plan behavior management activities.

STANDARD OF PERFORMANCE OF TASK:

Behavior management activities must provide positive reinforcement of desired behavior without causing the patient undue stress, anger, or physical discomfort.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Other supportive personnel
Behavior management guides

PERFORMANCE GUIDE:

1. Review behavior management techniques.
2. Review patient chart and any information necessary to understand patient's individual characteristics.
3. Confer with other personnel involved with this patient to identify problem areas and any current or past behavior management techniques used.
4. Decide on best technique for patient and his/her situation using above information.
   NOTE: When possible, one technique should be agreed upon and used by all involved personnel.
5. Record information in chart including detailed instructions for behavior management.
6. Confer with other involved personnel and modify techniques as necessary.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PSYCHO-SOCIAL CARE

PERFORMANCE OBJECTIVE NO. 185

TASK: Promote patient trust.

STANDARD OF PERFORMANCE OF TASK:

Patient must feel confident and comfortable while in the assistant's/aide's care.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart

PERFORMANCE GUIDE:

1. Initiate the development of patient trust prior to treatment.
   - A. Greet patient by appropriate name and introduce self.
   - B. Initiate conversation that draws out pertinent history and patient's perceived needs.
   - C. Explain treatment procedures, purposes and possible results in appropriate detail at patient's level of understanding.
   - D. Allow patient and family to discuss their feelings about treatment.
   - E. Listen attentively to patient/family.
   - F. Discuss plans and goals with patient.
   - G. Encourage realistic patient/family expectations.
2. Establish patient trust during treatment:
   - A. Maintain professional authority/control while meeting patient's needs for warmth and support.
   - B. Conduct all patient care activities with respect for patient's privacy and rights.
   - C. Know how to operate equipment prior to treatment.
   - D. Carry out treatment efficiently and explain procedures thoroughly.

PERFORMANCE GUIDE: (cont.)

E. Answer questions patiently.
F. Schedule next treatment at patient's convenience when possible.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PSYCHO-SOCIAL CARE

PERFORMANCE OBJECTIVE NO. 186

TASK: Provide behavior management (reinforcement and reward).

STANDARD OF PERFORMANCE OF TASK:

Reinforcement and rewards must be used to elicit positive patient response and cooperation to physical therapy treatment.

CONDITIONS FOR PERFORMANCE OF TASK:

Patient's chart
Physical therapy treatment plan
Other supplies depending on technique used

PERFORMANCE GUIDE:

1. Review treatment plan and patient's chart to identify behavior management technique being used and treatment to be received.
2. Provide management consistently:
   A. Negative reinforcement: used to communicate that a certain behavior is unacceptable (i.e. time out, loss of privileges, etc.).
   B. Reward: used to communicate when a behavior is good (i.e. stickers, stamps, pleasant activities, etc.).
3. Discuss the terms of the behavior management plan with the patient.
4. Record details in chart as required by the physical therapy department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: PROVIDING PSYCHO-SOCIAL CARE

PERFORMANCE OBJECTIVE NO. 187

TASK: Talk with patient about everyday life.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy assistant/aide must communicate verbally and nonverbally with patient such that a friendly, caring environment is established.

CONDITIONS FOR PERFORMANCE OF TASK:

Private, comfortable area

PERFORMANCE GUIDE:

1. Initiate and respond to comments about everyday life to help establish a friendly relationship with your patient.
2. Keep conversation away from controversial or very personal subjects when possible.
3. Avoid being judgemental.
4. Volunteer information as appropriate but do not monopolize conversation.
5. Listen courteously when patient is talking.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: CONTINUING EDUCATION

PERFORMANCE OBJECTIVE NO. 188

TASK: Attend physical therapy workshops and in-service.

STANDARD OF PERFORMANCE OF TASK:

The physical therapy assistant or aide must participate in the in-service workshop and provide the department director/administrator with proof of attendance and participation.

CONDITIONS FOR PERFORMANCE OF TASK:

Note pad
In-service/workshop information
Departmental workshop participation form

PERFORMANCE GUIDE:

1. Verify administrative approval to attend in-service/workshop and obtain participation form.
2. Verify workshop information:
   - A. Place.
   - B. Date.
   - C. Time.
   - D. Materials needed.
   - E. Continuing education points.
3. Arrive at workshop prior to the scheduled starting time.
4. Participate in the workshop.
5. Obtain signature on participation form upon completion of the workshop.
6. Submit participation form to department director/ administrator and verify continuing education points received.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: CONTINUING EDUCATION

PERFORMANCE OBJECTIVE NO. 189

TASK: Apply for certification/state licensure.

STANDARD OF PERFORMANCE OF TASK:

Required information must be recorded on certification/licensure application. Application must be signed by applicant and administrator and forwarded to agency/organization for consideration.

CONDITIONS FOR PERFORMANCE OF TASK:

Membership application form

PERFORMANCE GUIDE:

1. Obtain certification application form for physical therapy field.
2. Complete and sign certification application form.
3. Submit completed application form to program director/administrator for required signatures and/or funding.
4. Submit certification application form to state agency or professional organization.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: CONTINUING EDUCATION

PERFORMANCE OBJECTIVE NO. 190

TASK: Supervise physical therapy student's clinical experience.

STANDARD OF PERFORMANCE OF TASK:

The physical therapy assistant/aide must provide the clinical experience student direct supervision and must accompany the student at all times when patients are present. The supervising assistant/aide must ensure that the student's clinical experience requirements are fulfilled. The assistant/aide must document student's clinic experiences.

CONDITIONS FOR PERFORMANCE OF TASK:

Student
Clinical setting
Evaluation guide
Documentation form
Clinical supervisor

PERFORMANCE GUIDE:

1. Familiarize student with rules and regulations of the facility with which the student is to fully comply.
2. Provide direct supervision by qualified staff member while the student is performing procedures.
3. Provide student with sufficient numbers and varieties of procedural experiences to satisfy requirements for clinical experience.
4. Maintain documentation of student's clinical experience and behavioral evaluations.

SOURCE OF STANDARD:

Writing team of incumbent workers

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DUTY: CONTINUING EDUCATION

PERFORMANCE OBJECTIVE NO. 191

TASK: Participate with secondary cooperative education programs (student visits).

STANDARD OF PERFORMANCE OF TASK:

Cooperative education, student visit must be approved by institution's administrator and physical therapy department director. Students must be provided a tour of the physical therapy department and informed about the function of the department, equipment and personnel in a polite and helpful manner.

CONDITIONS FOR PERFORMANCE OF TASK:

Physical therapy equipment
Cooperative education students
Physical therapy department/equipment
Physical therapy informational brochure/sheets

PERFORMANCE GUIDE:

1. Request administrative approval for cooperative education visit:
    A. Institute administrator.
    B. Physical therapy department director/manager.
2. Verify administrative approval prior to scheduling visit with the cooperative education program instructor.
3. Schedule date and time of visit with instructor.
4. Inform other department personnel concerning details of visit and log in scheduling log.
5. Meet visitors at institution entrance, greet visitors and explain department rules.
6. Escort the visitors to the physical therapy department.
7. Show visitors around department explaining equipment functions and purpose.
8. Introduce visitors to other staff members or patients as they are encountered.
9. Answer visitors' questions as they arise.
10. Provide visitors with physical therapy informational brochures/sheets that are available in the department.

PERFORMANCE GUIDE: (cont.)

11. Escort visitors back to institution entrance.
12. Thank visitors for their interest in physical therapy and bid them a polite farewell.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: CONTINUING EDUCATION

PERFORMANCE OBJECTIVE NO. 192

TASK: Participate in and promote professional organizations.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy assistant/aide attends professional organization meetings and interact with colleagues and other physical therapy professionals on a regular basis.

CONDITIONS FOR PERFORMANCE OF TASK:

Note pad
Work schedule
Meeting agenda
Calendar of events

PERFORMANCE GUIDE:

1. Check calendar of events to identify meeting date and time.
2. Check work schedule to determine participation.
3. Obtain meeting agenda prior to meeting date.
4. Identify items of interest and assemble materials or make notes of information you wish to input at the meeting.
5. Contact colleagues who may be interested in attending the meeting and arrange transportation or meeting place.
6. Arrive at meeting place at least 15 minutes prior to scheduled meeting time.
7. Follow parliamentary procedures during the meeting.
8. Participate in discussions and activities whenever possible.
9. Record points of interests to share with colleagues.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: CONTINUING EDUCATION

PERFORMANCE OBJECTIVE NO. 193

TASK: Remain current with latest technology.

STANDARD OF PERFORMANCE OF TASK:

Physical therapy assistant/aide must be knowledgeable concerning new developments in the physical therapy field, including new procedures, techniques, and equipment.

CONDITIONS FOR PERFORMANCE OF TASK:

File folders
File cabinets
Physical therapy magazines/journals
Physical therapy equipment catalogs
Physical therapy educational programs
Physical therapy in-service workshops
Physical therapy professional organizations

PERFORMANCE GUIDE:

1. Identify source for information concerning new physical therapy developments:
    - A. Magazines/journals.
    - B. Professional organizations.
    - C. Educational programs.
    - D. In-service/workshops.
    - E. Equipment catalogs.
2. Compile information concerning the new development.
3. Review the information.
4. Create a file for the new information.
5. File the information by topic:
    - A. Procedure.
    - B. Technique.
    - C. Equipment.
6. Share pertinent information with colleagues.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: CONTINUING EDUCATION

PERFORMANCE OBJECTIVE NO. 194

TASK: In-service physical therapy staff.

STANDARD OF PERFORMANCE OF TASK:

Advance notice of in-service must be given and attendance and education records must be completed without error and retained for each in-service.

CONDITIONS FOR PERFORMANCE OF TASK:

Meeting room
Details of meeting
List of participants
In-service program file
Audio-visual equipment
Blank in-service attendance sheet
Blank in-service education report

PERFORMANCE GUIDE:

1. Obtain and review schedule for in-service programs.
2. Complete in-service notice including:
   A. Subject.
   B. Time.
   C. Place.
   D. Date.
   E. Name(s) of presenter(s).
3. Notify participants of details of in-service program.
4. Reserve audio-visual equipment.
5. Post notice approximately two weeks in advance.
6. Setup meeting room:
   A. Chairs.
   B. Audio-visual equipment.
7. Outline and present in-service information.
8. Record attendance on in-service sheet including:
   A. Name of staff member.
   B. Department.
   C. Position.
   D. Date.

PERFORMANCE GUIDE: (cont.)

9. Complete in-service education report including:
    - A. Date and time.
    - B. Topic.
    - C. Evaluation.
    - D. Name(s) of presenter(s).
10. Attach attendance sheet to in-service report.
11. File attendance sheet and in-service report.

SOURCE OF STANDARD:

Writing team of incumbent workers

DUTY: CONTINUING EDUCATION

PERFORMANCE OBJECTIVE NO. 195

TASK: Attend physical therapy seminars and meetings outside the hospital/health care environment.

STANDARD OF PERFORMANCE OF TASK:

Documentation of participation in an outside seminar/meeting must be provided to the physical therapy department director upon return to work.

CONDITIONS FOR PERFORMANCE OF TASK:

Department schedule
Seminar schedule/application
Transportation
Note pads/pens
Tape recorder
Mileage sheets

PERFORMANCE GUIDE:

1. Identify seminar date/time/place.
2. Check department work schedule.
3. Obtain for permission from proper authority.
4. Apply to seminar.
5. Gather materials needed.
6. Arrange transportation.
7. Arrive with time allowed for registration.
8. Participate in seminar taking notes/recording information desired.
9. Report attendance and conference details to supervisors.
10. Fill out/return proper mileage or reimbursement sheets as per department guidelines.

SOURCE OF STANDARD:

Writing team of incumbent workers

APPENDIX A

TOOLS, EQUIPMENT, AND WORK AIDS

APPENDIX A
TOOL, EQUIPMENT, AND WORK AIDS BY PERCENTAGE OF INCUMBENTS USING
(n = 125)

EQPT NO	EQUIPMENT DESCRIPTION	NUMBER USING	PERCENT USING
338	Phone	120	96%
540	Walker	116	93%
574	Wheelchair	116	93%
139	Desk	115	92%
341	Pillows	115	92%
416	Soap	114	91%
417	Soap dispenser	114	91%
541	Walker, adjustable	114	91%
262	Kleenex	113	90%
336	Pen/pencils	113	90%
340	Pillowcases	113	90%
104	Clock	112	90%
242	Heating units (hot packs)-stationary or mobile	111	89%
374	Quad cane	111	89%
402	Scotch tape	111	89%
544	Walker, folding	111	89%
65	Calendar	110	88%
68	Cane, adjustable	110	88%
175	Examination gloves	110	88%
90	Chairs	109	87%
189	File cabinet	109	87%
227	Gowns, hospital	108	86%
318	Paper	108	86%
320	Paper towel	108	86%
251	Hydrocollator	107	86%
504	Trash containers	107	86%
581	Whirlpool	107	86%
361	Privacy curtin	105	84%
452	Storage cabinet	105	84%
595	Whirlpool disinfectant	105	84%
45	Bedsheets	104	83%
236	Hand lotion	104	83%
579	Wheelchairs	104	83%
129	Crutch tips	103	82%
140	Desk calendar	103	82%
190	File folders	103	82%
487	Towels and wash cloths	103	82%
565	Weight, cuff	103	82%
171	Envelopes, mailing	102	82%
274	Linens	102	82%
409	Sheets	102	82%
508	Treatment privacy curtins	102	82%
46	Betadine	101	81%

(table continued on next page)

EQPT NO	EQUIPMENT DESCRIPTION	NUMBER USING.	PERCENT USING
601	Whirlpool thermometer	101	81%
75	Cane, wood	100	80%
582	Whirlpool, arm, leg and hip	100	80%
9	Alcohol	99	79%
114	Copier	99	79%
63	Cabinets	98	78%
69	Cane, aluminum	98	78%
101	Clip boards	98	78%
206	Footstool	98	78%
299	Moist heat therapy packs	98	78%
394	Safety belts	98	78%
471	Terry cloth covers for hot/cold pacs	98	78%
50	Bicycle, stationary exercise	97	78%
128	Crutch hand grips	97	78%
148	Drinking cup	97	78%
322	Paraffin bath	97	78%
429	Staircase, exercise	97	78%
510	Treatment schedule	97	78%
559	Wall calendar	97	78%
512	Treatment table	96	77%
584	Whirlpool, body	96	77%
130	Crutch - wood, aluminum	95	76%
329	Parallel bars, manual adjusting	95	76%
433	Stapler	95	76%
392	Rubber band	94	75%
455	Supply cabinets	93	74%
459	Table, exercise mat	93	74%
462	Table, treatment	93	74%
37	Bandage, elastic	92	74%
289	Mat, exercise	91	73%
393	Ruler	91	73%
526	Urinal	91	73%
589	Whirlpool, foot and leg	91	73%
107	Cold packs - standard, neck contour, eye	90	72%
594	Whirlpool, stationary	90	72%
29	Automatic timer	89	71%
285	Massage lotion	89	71%
321	Paper towl dispensers	89	71%
466	Tape measure	89	71%
121	Crutch, auxiliary	88	70%
127	Crutch cushions	88	70%
240	Heat pac cover	88	70%
26	Arm sling	87	70%
255	ID badges	87	70%
297	Mirror, activity	87	70%
345	Plastic strips (band-aid)	87	70%
524	Ultrasound therapy unit	87	70%

(table continued on next page)

EQPT NO	EQUIPMENT DESCRIPTION	NUMBER USING	PERCENT USING
20	Appointment book	86	69%
507	Treatment cubicals	86	69%
554	Walking belt	86	69%
571	Weights, dumbbell	86	69%
161	Electrode gel	85	68%
279	Magazines	85	68%
483	Timer, automatic	85	68%
538	Waiting area	85	68%
566	Weight, sand bag	85	68%
587	Whirlpool, extremity	85	68%
478	Thera-band	84	67%
503	Transparent tape	84	67%
95	Chilling units (cold packs)-stationary or mobile	83	66%
164	Electrodes	83	66%
346	Pocket tape measure	83	66%
105	Cloth hamper	82	66%
106	Coat/hat rack	82	66%
250	Hydraulic lift	82	66%
442	Stethescope	82	66%
458	Table, exercise	82	66%
596	Whirlpool electric turbine ejector	82	66%
99	Cleaner, stainless steel	81	65%
327	Paraffin thermometer	81	65%
465	Tape, surgical	81	65%
495	Traction unit	81	65%
598	Whirlpool highchair	81	65%
142	Detergent, germicidal	80	64%
387	Rolling stool	80	64%
399	Scissors, surgical	80	64%
543	Walker, fixed	80	64%
580	Wheeled walker	80	64%
11	Ankle brace	79	63%
214	Gloves, latex	79	63%
309	Neuromuscular stimulator (TENS Units), portable	79	63%
481	Tilt tables (manual and electric)	79	63%
488	Traction belts	79	63%
87	Cervical traction unit	78	62%
185	Exerciser, thera-band resistive	78	62%
254	Hydrotherapy chair	78	62%
378	Radio	78	62%
404	Scrub, germicidal	78	62%
408	Shears (scissors)	78	62%
450	Stools	78	62%
494	Traction table	78	62%
560	Wall pulley	78	62%
461	Table, traction	77	62%
501	Transducer gel	77	62%

(table continued on next page)

EQPT NO	EQUIPMENT DESCRIPTION	NUMBER USING	PERCENT USING
521	Ultrasound gel, conductivity	77	62%
27	Arm sling, hemiplegic	76	61%
339	Pillow, prone	76	61%
379	Refigerator/freezer	76	61%
396	Scale	76	61%
454	Strap weights	76	61%
40	Bands, exercise	75	60%
43	Battery, 9 volt	75	60%
64	Calculator	75	60%
138	Deodorizers	75	60%
473	Therapy putty	75	60%
497	Training stairs	75	60%
509	Treatment rooms	75	60%
58	Brace, footdrop	74	59%
85	Cervical traction halter	74	59%
88	Chair, hydraulic lift	74	59%
210	Galvanic and ultrasound unit	74	59%
283	Markers, waterproof	74	59%
36	Ball, exercise	73	58%
165	Electrodes, disposable adhesive	73	58%
253	Hydrogen peroxide	73	58%
277	Magazine, physical therapy	73	58%
284	Masking tape	73	58%
367	Pulley, overhead	73	58%
384	Restraints	73	58%
500	Transcutaneous Electrical Nerve Stimulator	73	58%
585	Whirlpool, concentrate	73	58%
600	Whirlpool step/stool	73	58%
328	Paraffin/mineral oil	72	58%
492	Traction harnesses	72	58%
496	Traction unit - stationary or mobile	72	58%
502	Transfer board	72	58%
522	Ultrasound gel, transmission	72	58%
591	Whirlpool, inside seat	72	58%
61	Bucket	71	57%
110	Commode	71	57%
159	Elbow/Heel protectors	71	57%
311	Note books - spiral, b-ring	71	57%
382	Restraining belts/straps	71	57%
407	Self adhesive velcro	71	57%
415	Sling, Hemi	71	57%
491	Traction halter	71	57%
81	Cart, utility	70	56%
116	Cotton swabs	70	56%
160	Electrode, dispersive	70	56%
216	Gloves, vinyl examination	70	56%
218	Goniometer, 360 degrees	70	56%

(table continued on next page)

EQPT NO	EQUIPMENT DESCRIPTION	NUMBER USING	PERCENT USING
434	Steam pack covers	70	56%
440	Steam packs - standard	70	56%
78	Card index files	69	55%
324	Paraffin bath, hand and foot	69	55%
144	Diathemy machine	68	54%
168	Electrostimulation Unit	68	54%
511	Treatment stool, mobile	68	54%
13	Ankle support	67	54%
57	Brace, Dorsifexion foot	67	54%
84	Cervical pillows	67	54%
86	Cervical traction systems	67	54%
123	Crutch, lofstrand	67	54%
224	Goniometer, plastic	67	54%
315	Oxygen	67	54%
444	Stimulator, ultrasound/low volt combination	67	54%
562	Water hose	67	54%
38	Bandage, stretch	66	53%
41	Basin	66	53%
122	Crutch, fore-arm	66	53%
410	Short Wave Therapy Unit (Diathermy)	66	53%
438	Steam packs - neck	66	53%
520	Typewriter	66	53%
21	Appointment card	65	52%
56	Brace, adjustable knee	64	51%
91	Chairs, adjustable	64	51%
124	Crutch, platform	64	51%
166	Electronic muscle stimulators, hand operated	64	51%
215	Gloves, rubber	64	51%
351	Posture mirror	64	51%
420	Splints	64	51%
8	Air freshener	63	50%
47	Betadine surgical scrub	63	50%
120	Crutch, arm rest	63	50%
448	Stool, adjustable	63	50%
523	Ultrasound massage lotion	63	50%
51	Bike, exercise	62	50%
92	Chairs, mobile	62	50%
296	Mineral oil	62	50%
383	Restraint straps	62	50%
529	Velcro adhesive	62	50%
577	Wheelchair, safety straps	62	50%
89	Chair, revolving	61	49%
93	Chart holder	61	49%
118	Counters	61	49%
126	Crutch attachment	61	49%
316	Pads, dispersive	61	49%
333	Patient/therapy log	61	49%

(table continued on next page)

EQPT NO	EQUIPMENT DESCRIPTION	NUMBER USING	PERCENT USING
532	Velcro straps	61	49%
73	Cane, quad-crutch	60	48%
141	Desk trays, stackable	60	48%
212	Gel warmer	60	48%
252	Hydrocover	60	48%
258	Intercom	60	48%
275	Log books	60	48%
449	Stool, P.T.	60	48%
474	Therapy stool	60	48%
490	Traction cord	60	48%
572	Weights, iron disc	60	48%
54	Book case	59	47%
193	Finger ladder	59	47%
302	Muscle stimulator, low voltage	59	47%
453	Straight training stairs	59	47%
486	Towel racks	59	47%
556	Walking safety belt, nylon	59	47%
599	Whirlpool hose assembly	59	47%
33	Balance board	58	46%
59	Brace, knee hinge	58	46%
82	Carts, mobile	58	46%
150	Dumbbell rack	58	46%
303	Muscle stimulator, portable	58	46%
323	Paraffin bath, arm, hand and foot	58	46%
325	Paraffin blocks	58	46%
335	Pelvic belt	58	46%
348	Positioning pillows	58	46%
368	Pulley weight system	58	46%
377	Rack, crutch	58	46%
49	Bicycle, ergometer exercise	57	46%
79	Cardex	57	46%
188	Fan	57	46%
278	Magazine rack	57	46%
369	Pulley weights	57	46%
423	Sponges	57	46%
476	Therapy work table	57	46%
569	Weight cart	57	46%
132	Cup dispenser	56	45%
421	Sponge pads	56	45%
435	Steam packs - cerviback	56	45%
485	Toilet armrest	56	45%
326	Paraffin refill kit	55	44%
405	Scrub brush	55	44%
443	Stimulator, pulsed galvanic	55	44%
447	Stockinette	55	44%
460	Table, fixed height treatment	55	44%
145	Diathermy unit	54	43%

(table continued on next page)

EQPT NO	EQUIPMENT DESCRIPTION	NUMBER USING	PERCENT USING
219	Goniometer, 8 in.	54	43%
231	Hand exerciser	54	43%
395	Safety straps	54	43%
424	Sponges, gauze	54	43%
30	Back rest support	53	42%
72	Cane, quadri-poise	53	42%
181	Exerciser, hand	53	42%
439	Steam packs - shoulder	53	42%
527	Variable Muscle Stimulator electrode	53	42%
588	Whirlpool, floor seat	53	42%
94	Chest pulley weight system	52	42%
163	Electrode sponge covers	52	42%
180	Exerciser, ankle and leg	52	42%
217	Goniometer, 14 in.	52	42%
249	Hubbard tank	52	42%
475	Therapy unit, high voltage galvanic	52	42%
542	Walker, child wheeled	52	42%
179	Exercise unit, isokinetic	51	41%
313	Overdoor pulley exerciser	51	41%
354	Powder board	50	40%
363	Progressive resistance exercise system	50	40%
380	Replacement sponges	50	40%
381	Restorator exercise system (bicycle attachment)	50	40%
528	Variable Muscle Stimulator electrode pad	50	40%
115	Correction paper	49	39%
222	Goniometer, finger	49	39%
246	Hi-Lo table	49	39%
300	Moleskin adhesive padding	49	39%
376	Rack, cane	49	39%
437	Steam packs - knee	49	39%
564	Water tap - automatic	49	39%
280	Magnatherm (diathermy)	48	38%
425	Sports knee brace	48	38%
546	Walker, rollator	48	38%
551	Walker, wheeled foot piece	48	38%
578	Wheelchair tray	48	38%
243	Heel pad	46	37%
259	Intermittent compression unit	46	37%
332	Patient lift	46	37%
15	Antibiotic, first aid	45	36%
28	Automatic time switches	45	36%
31	Balance balls, inflatable	45	36%
76	Carbonflex electrodes	45	36%
245	Hi-lo mat table	45	36%
295	Micropore tape	45	36%
308	Neuromuscular stimulator	45	36%
513	Treatment table, hydraulic	45	36%

(table continued on next page)

EQPT NO	EQUIPMENT DESCRIPTION	NUMBER USING	PERCENT USING
597	Whirlpool heater and pump switch	45	36%
467	Tape recorder	44	35%
472	Theraplast	44	35%
575	Wheelchair, arm tray	44	35%
77	Card holder	43	34%
187	Exerciser pedal	43	34%
211	Games, for children	43	34%
260	Irrigation water, sterile	43	34%
276	Lotion warmer	43	34%
317	Pan	43	34%
397	Scale, portable	43	34%
398	Scissors, curved mayo	43	34%
530	Velcro hook and loop fasteners	43	34%
567	Weight bag	43	34%
70	Cane, arm rest	42	34%
196	Foam balls	42	34%
201	Foot boot	42	34%
446	Stockinet, orthopedic	42	34%
484	Timers, interval	42	34%
12	Ankle cuff	41	33%
16	Antimicrobial skin cleanser	41	33%
44	Bed pull-up	41	33%
113	Continuous passive motion unit (auto-flex)	41	33%
375	Quadriceps board	41	33%
390	Routing envelopes	41	33%
514	Tubing, exercise	41	33%
183	Exerciser, leg and ankle	40	32%
286	Massage vibrator	40	32%
418	Sphygmomanometer, aneroid type	40	32%
426	Spray gun/bottle	40	32%
451	Stop watch	40	32%
586	Whirlpool, D-foam	40	32%
136	Cybex machine	39	31%
362	Privacy screens	39	31%
413	Shoulder wheel	39	31%
62	Build-up blocks	38	30%
357	Pressure garments	38	30%
388	Rope, nylon	38	30%
550	Walker, stair climbing	38	30%
576	Wheelchair, head support	38	30%
583	Whirlpool, arm rest	38	30%
525	Ultraviolet lamp	37	30%
74	Cane, uni-poise	36	29%
221	Goniometer, clinical	36	29%
545	Walker, infant	36	29%
603	Wrist cuff	36	29%
32	Balance beam	35	28%

(table continued on next page)

EQPT NO	EQUIPMENT DESCRIPTION	NUMBER USING	PERCENT USING
131	Cuff arm sling	35	28%
133	Curb and ramp platforms	35	28%
152	Dust pan and brush	35	28%
406	Self adhesive straps	35	28%
505	Tray - lap	35	28%
592	Whirlpool, mobil	35	28%
137	Cycle, ergometer training	34	27%
169	Electrotherapy Variable Muscle Stimulator	34	27%
261	Jump ropes	34	27%
291	Mat platform	34	27%
371	Push-up blocks	34	27%
109	Collar and cuff	33	26%
200	Foam padding	33	26%
233	Hand grips, foam	33	26%
482	Tilting treatment table	33	26%
549	Walker, side	33	26%
55	Bowl	32	26%
531	Velcro safety belts	32	26%
568	Weight caddy	32	26%
3	Activity tables	31	25%
108	Cold spray coolant	31	25%
207	Footstool with hand rail	31	25%
267	Lamp, infra-red	31	25%
517	Tumble mats	31	25%
590	Whirlpool, head rest	31	25%
5	Adressograph (identification card)	30	24%
23	Arm board	30	24%
66	Calibrated shoulder wheel	30	24%
119	Cross tie parallel bars	30	24%
184	Exerciser, quadricap	30	24%
186	Exerciser, wrist	30	24%
232	Hand grips, fixed resistance	30	24%
263	Knee spreader	30	24%
428	Spreader bar	30	24%
143	Dial thermometer	29	23%
209	Gait halter	29	23%
414	Skate, exercise	29	23%
516	Tumble form rolls	29	23%
10	Analgesic cream (myoflex) arthritis	28	22%
52	Blank identification cards	28	22%
198	Foam cushion, flat	28	22%
239	Heat lamp	28	22%
319	Paper roll holder	28	22%
372	Puzzles	28	22%
477	Theratubing	28	22%
519	Turbine ejector, electric	28	22%
593	Whirlpool, rubber handgrips	28	22%

(table continued on next page)

EQPT NO	EQUIPMENT DESCRIPTION	NUMBER USING	PERCENT USING
1	Activity board	27	22%
146	Dressing aid, slip- on	27	22%
155	Dynamometer, pinch gauge	27	22%
220	Goniometer, arm	27	22%
353	Pouch arm sling	27	22%
432	Standing table	27	22%
480	Threadmill, exercise	27	22%
563	Water stretcher (plinth)	27	22%
71	Cane, offset	26	21%
147	Dressing teaching aids	26	21%
229	Hair brush	26	21%
489	Traction chair	26	21%
498	Training stairs, enclosed	26	21%
268	Lead cables and connectors	25	20%
330	Parallel bars, motorized adjusting	25	20%
337	Percussion hammer	25	20%
208	Functional grip push-up blocks	24	19%
248	Hooks, "S"	24	19%
561	Water bottle	24	19%
125	Crutch, uni-poise	23	18%
202	Foot guard	23	18%
237	Hand mitt	23	18%
247	Hi-lo therapy stool	23	18%
266	Ladder, shoulder abduction	23	18%
282	Manual dexterity supplies	23	18%
301	Motor activity shapes	23	18%
386	Rocker balances	23	18%
456	Support molds (abductor, head, back)	23	18%
506	Treadmill, motorized	23	18%
570	Weights, belts	23	18%
25	Arm elevator	22	18%
111	Compression foam padding	22	18%
149	Drop-arm commode chair	22	18%
365	Pull exerciser	22	18%
385	Rocker balance square	22	18%
493	Traction stand	22	18%
60	Brace, pre-formed fracture	21	17%
197	Foam cushion, convoluted	21	17%
199	Foam cushion, molded	21	17%
342	Pinch gauge	21	17%
422	Sponge scruber	21	17%
515	Tubipad stockinette	21	17%
19	Applicator, spot	20	16%
39	Bandages, air pressure	20	16%
151	Dumbbell wagon	20	16%
238	Headrest, adjustable	20	16%
401	Scooter boards	20	16%

(table continued on next page)

EQPT NO	EQUIPMENT DESCRIPTION	NUMBER USING	PERCENT USING
479	Thoracic restraint	20	16%
534	Vestibular ball	20	16%
352	Posture support	19	15%
419	Sphygmomanometer, desk model	19	15%
535	Vestibular board	19	15%
117	Couch	18	14%
153	Dycem, non-slip	18	14%
170	EMG Biofeed back unit	18	14%
256	Identification plate maker	18	14%
287	Massager, hand	18	14%
412	Shoulder strap	18	14%
14	Anthropometric tape measure	17	14%
228	Gulick measuring tape	17	14%
314	Overhead electric hoist	17	14%
391	Rowing machine	17	14%
403	Screen, utility	17	14%
411	Shoulder saddle sling	17	14%
427	Spreader	17	14%
552	Walker pegs	17	14%
555	Walking safety belt, leather	17	14%
42	Bath mat, non-skid	16	13%
53	Board, prone	16	13%
173	Ergometer	16	13%
234	Hand grips, vadiable resistance	16	13%
235	Hand helper	16	13%
355	Power massage and treatment table	16	13%
366	Pulley, nylon	16	13%
463	Tac gel	16	13%
536	VMS electrode pads	16	13%
537	VMS electrodes	16	13%
96	Chin-up bar, adjustable	15	12%
182	Exerciser, latissmus dorsi	15	12%
400	Scooter, prone	15	12%
548	Walker, self stabilizing	15	12%
22	Apron	14	11%
48	Bib, terry cloth	14	11%
172	Equipment trolley	14	11%
176	Examination lamp	14	11%
370	Pulse monitor	14	11%
436	Steam packs - facial	14	11%
464	Tank top seat	14	11%
499	Trampoline, jogging	14	11%
205	Foot stirrup	13	10%
539	Walder crutch attachment	13	10%
557	Walking safety belt, velcro	13	10%
17	Applicator, rectangular	12	10%
24	Arm board, adjustable	12	10%

(table continued on next page)

EQPT NO	EQUIPMENT DESCRIPTION	NUMBER USING	PERCENT USING
112	Condenser pads	12	10%
134	Curb and ramp training set	12	10%
174	Ergometer, upper body	12	10%
191	Finger circumference gauge	12	10%
241	Heat pad, electric moist	12	10%
244	Helmet, protective	12	10%
257	Induction cables	12	10%
290	Mat hanger	12	10%
360	Pressure splints, stroke rehabilitation	12	10%
430	Stand aid-frame	12	10%
135	Cutaneous facilitation brush	11	9%
162	Electrode nylatex wraps	11	9%
272	Light switch extension	11	9%
310	Neuro-developmental foam balance balls	11	9%
18	Applicator, roller	10	8%
35	Balance stool	10	8%
98	Clamp, snap lock	10	8%
265	Ladder, low horizontal	10	8%
343	Pinch meter	10	8%
194	Finger spreader	9	7%
204	Foot placement ladder	9	7%
264	Kold wrap	9	7%
292	Mats, incline	9	7%
293	Matting, non-slip	9	7%
307	Nested foot stools	9	7%
312	Nylatex straps	9	7%
356	Prepodyne concentrate	9	7%
373	Quad boot set	9	7%
441	Stepping stone blocks	9	7%
558	Walking support, suspension	9	7%
605	X-ray copy machine	9	7%
34	Balance logs	8	6%
80	Cart, foldaway	8	6%
83	Cerebral Palsey Activity Tray	8	6%
154	Dynamometer, back-leg-chest	8	6%
213	Genu recuratum	8	6%
223	Goniometer, head	8	6%
225	Goniometer, Robinson pocket	8	6%
270	Leg rotation control	8	6%
298	Mitts - oven	8	6%
304	Neoprene wraps	8	6%
431	Stander, prone	8	6%
157	D-rings, metal	7	6%
269	Leg lifter	7	6%
288	Massager, rotary	7	6%
331	Parallel bars, wall mounted folding	7	6%
445	Stimulator, (PEMS) unit	7	6%

(table continued on next page)

EQPT NO	EQUIPMENT DESCRIPTION	NUMBER USING	PERCENT USING
457	Suspension seat, adjustable	7	6%
230	Hand dynamometer, computerized	6	5%
294	Maylox (gas relief)	6	5%
306	Nested climbing stools	6	5%
347	Poly cushion	6	5%
547	Walker, seated	6	5%
573	Weights, vinyl disc	6	5%
602	Wrap, electro-mesh	6	5%
604	Wrist roll	6	5%
100	Clinic beam scale	5	4%
156	Dynamometer, sparks (push)	5	4%
167	Electronic Myonero, portable	5	4%
177	Examination table paper cutter	5	4%
178	Examination table paper holder	5	4%
195	Flexion stool	5	4%
203	Foot inversion tread	5	4%
271	Leveling/positioning pad	5	4%
334	Pedometer	5	4%
344	Pinch pin	5	4%
389	Rotary wrist machine	5	4%
470	Tension gauge	5	4%
518	Tunnel, crawling	5	4%
7	Air flow mat	4	3%
67	Caliper, skinfold (fat)	4	3%
97	Clamp, D-ring	4	3%
281	Manometer (muscle strength)	4	3%
533	Velfoam	4	3%
2	Activity maps	3	2%
103	Caliper, computerized	3	2%
158	D-rings, nylon	3	2%
192	Finger flexion board	3	2%
349	Posture evaluation kit	3	2%
468	Taping table	3	2%
553	Walker seat	3	2%
350	Posture guards	2	2%
364	Protractor, arthrodial	2	2%
4	Acustim tip applicator	1	1%
102	Caliper, chest	1	1%
273	Line adjustment clamp	1	1%
6	Aeshtesiometer	0	0%
226	Goniometer, X-ray	0	0%
305	Neo-plush	0	0%
358	Pressure splints, cerebal palsey	0	0%
359	Pressure splints, multiple sclerosis	0	0%

APPENDIX B

BIBLIOGRAPHY: SOURCES OF STANDARDS

APPENDIX B
BIBLIOGRAPHY: SOURCES OF STANDARDS

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APPENDIX C

CROSS-REFERENCE TABLE OF DUTIES, TASKS, AND PERFORMANCE OBJECTIVES

APPENDIX C

CROSS-REFERENCE TABLE

This V-TECS catalog is a cumulation of research activities resulting in a description of the following domain area in terms of occupationally-related duties, tasks, performance objectives, and performance guides.

CIP CODES:	17.0813	Physical Therapy
	17.0814	Physical Therapy Aide
	17.0815	Physical Therapy Assisting

DOT CODES:	076.224-010	Physical Therapist Assistant
	355.354-010	Physical Therapy Aide

The following legend for the cross-reference table codes the results of a task analysis from inventory development, to incumbent survey, to data analysis, to catalog completion.

1.	n	The n accompanying an occupational title is the number of respondents to the occupation survey.
2.	%	Column and row percentage indicate survey responses of performance of a task by incumbents.
3.	#	Indicates a write-in task by incumbents during survey.
4.	Note	Indicates a write-in task to catalog by incumbents during development of catalog. "Note" indicates no data collected during survey.

5.	(task)	Indicates that consensus of incumbents was used to reword or edit task statement from original task in inventory. Task in parenthesis is the original task
6.	subscripts	Subscripts are used to indicate subdivision of original task into two or more tasks based upon review and consensus of incumbent workers.
7.	(task,letter	Indicates task includes one or more original tasks number) in original inventory.
	or	
8.	(see task, letter, number)	Task(s) cross-listed into another task(s).
9.	@	An @ indicates accompanying materials are needed and are included in the catalog.
10.	*	Based on analysis of survey data, no performance objective written.
11.	**	A task statement which fell between 1 and 14 percent included in the catalog based upon the incumbent writing team consensus.

CROSS-REFERENCE TABLE

CIP CODES:	17.0813	Physical Therapy
	17.0814	Physical Therapy Aide
	17.0815	Physical Therapy Assisting

DOT CODES:	076.224-010	Physical Therapist Assistant
	355.354-010	Physical Therapy Aide

DUTIES TASKS	PERFORMANCE OBJECTIVE/ PAGE NUMBERS	PERCENT PERFORMING PTO	
		DOT 1 N=76	DOT 2 N=49
DUTY A: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS			
01 Complete charge slip.	1/6	72	55
02 Update medical records.	2/8	66	27
03 Compile departmental data (daily treatment log).	3/10	47	45
04 Schedule appointments for patients.	4/11	83	67
05 Assist with supervision of physical therapy assistants and aides.	5/12	58	39
06 Carry out assignment from supervisor.	6/13	95	92
07 Assign work to co-workers.	7/14	49	29
08 Schedule therapy treatments.	8/15	88	63
09 Plan individual work load.	9/16	72	47
10 Conduct physical therapy equipment inventory.	10/17	51	69
11 Conduct physical therapy departmental supply inventory.	11/18	54	74
12 Arrange for equipment repair.	12/19	65	76
13 Provide patient information to physician.	13/21	93	39
14 Participate in hospital/clinic quality control meetings	14/22	50	25
* 15 Assist with athletic/postural screening.	*	18	2
16 Complete quality control data sheet.	15/23	24	16
17 Compile information for quality assurance studies.	16/24	40	23
18 Review doctor's orders.	17/26	88	45
19 Update attendance cardex.	18/28	58	49
20 Register physical therapy patients.	19//30	34	33
* 21 Complete warranty/trail use cards.	*	13	6

(table continued on next page)

DUTIES TASKS	PERFORMANCE OBJECTIVE/ PAGE NUMBERS	PERCENT PERFORMING PTO	
		DOT 1 N=76	DOT 2 N=49
DUTY A: PERFORMING ADMINISTRATIVE/CLERICAL FUNCTIONS (cont.)			
22 Assist with Medicare insurance forms.	20/32	38	18
23 Set up and revise sign-in-sheets.	21/34	15	20
24 Attend Individualized Education Program (IEP) meetings.	22/35	40	18
25 Proofread, copy, and distribute evaluations.	23/37	37	25
26 Maintain yearly treatment logs.	24/38	46	45
27 Screen patient for need of physical therapy evaluation.	25/39	43	18
# Complete travel reimbursent forms.	26/40	#	#
# File patient's records.	27/42	#	#
# Maintain record of physical therapy equipment on loan.	28/44	#	#
DUTY B: COMMUNICATING INFORMATION			
01 Assess patient's response to therapy treatment.	29/45	93	59
02 Collect therapy data for patient's file.	30/46	79	47
03 Provide therapy information to patient and family.	31/47	92	47
04 Provide therapy instructions to patient.	32/48	100	69
05 Write physical therapy reports.	33/50	93	18
06 Write discharge (DC) note.	34/52	83	12
07 Utilize department telephone.	35/54	99	90
08 Utilize department intercom or pager.	36/56	66	63
09 Report patient therapy treatment information to physical therapist and other health care professionals.	37/57	97	90
10 Greet patients and visitors.	38/58	92	92
11 Provide information on possible side effects of treatment.	39/59	87	47
12 Explain indications and contraindications of physical therapy treatment.	40/61	83	39
13 Instruct family members on home care procedures.	41/62	90	41
14 Explain equipment home usage to patient.	42/64	84	53
15 Record treatment coding on records, treatment plan, and daily workload log.	43/66	70	49
16 Communicate with hearing impaired patient.	44/67	68	55
17 Instruct visually impaired patient.	45/69	59	57
18 Assist mentally impaired patient.	46/70	74	63

(table continued on next page)

DUTIES TASKS	PERFORMANCE OBJECTIVE/ PAGE NUMBERS	PERCENT PERFORMING PTO	
		DOT 1 N=76	DOT 2 N=49
DUTY B: COMMUNICATING INFORMATION (cont.)			
19 Assist physically impaired patient.	47/71	90	84
20 Assist medicated patient.	48/72	78	69
21 Assist patient in pain. (combined with C-15)	(see C-15)	90	80
22 Communicate information to a family member of a special needs patient.	49/74	80	51
23 Participate in multidisciplinary (care plan) meetings.	50/75	58	25
24 Prepare parent reminders for prescription expiration and parent consent forms.	51/77	18	8
25 Verify therapy consent form.	52/79	38	33
# Create informational display/decorate department.	53/80	#	#
DUTY C: PROVIDING PATIENT CARE SERVICES			
01 Measure blood pressure and pulse.	54/82	84	61
02 Measure respiration.	55/84	62	39
03 Measure patient's height and weight.	56/85	32	20
04 Measure patient for pressure garment.	57/87	47	12
05 Assess patient body alignment.	58/89	76	16
06 Position patient for examination or treatment.	59/91	90	84
07 Turn patient.	60/93	82	78
08 Assist patient in using bathroom.	61/95	91	94
09 Assist patient in using bedside commode.	62/97	66	69
10 Assist patient in using urinal.	63/99	71	80
11 Assist patient in using bedpan.	64/101	61	78
12 Assist patient in dressing and undressing.	65/104	84	86
13 Drape patient for physical exam/treatment.	66/107	78	69
14 Assist patient with assistive/supportive devices.	67/108	96	86
15 Assist patient in pain.	68/110	91	78
16 Instruct patient in use of body mechanics.	69/112	95	53
17 Assist patient with standing.	70/113	96	98
18 Assist patient with dangling.	71/114	86	88
19 Assist patient with walking.	72/116	97	98
20 Assist patient in using cane.	73/118	92	92
21 Assist patient in using quad cane.	74/120	91	92
22 Assist patient in using walker.	75/122	99	98
23 Assist patient in using wheelchair.	76/124	96	94
24 Assist patient with crutch walking.	77/126	88	84
25 Apply brace.	78/128	88	74
26 Apply splint.	79/130	84	63

(table continued on next page)

DUTIES TASKS	PERFORMANCE OBJECTIVE/ PAGE NUMBERS	PERCENT PERFORMING PTO	
		DOT 1 N=76	DOT 2 N=49
DUTY C: PROVIDING PATIENT CARE SERVICES (cont.)			
27 Transfer patient between stretcher and bed/treatment table.	80/131	76	80
28 Transfer patient to and from wheelchair.	81/134	95	98
29 Transport patient by wheelchair.	82/136	83	94
30 Transport patient by stretcher.	83/138	57	65
31 Transfer patient using hydraulic lift.	84/140	61	71
32 Assist patient with adaptive and supportive devices. (combined with C-14)	(see C-14)	91	74
33 Direct patient in use of exercise equipment.	85/142	92	74
34 Verify patient identification.	86/144	79	80
35 Change patient's bandage or dressing.	87/146	78	69
36 Attach gait belt to patient.	88/148	93	96
37 Instruct patient in bed mobility activities.	89/149	86	63
38 Assist patient to stand using a tilt table. (combined with F-10)	(see F-10)	76	45
39 Adjust physical therapy devices.	90/150	95	82
40 Apply protective restraints.	91/151	82	92
41 Assist with dressing change. (combined with C-35)	(see C-35)	71	74
42 Apply clean dressing.	92/153	74	65
43 Apply elastic bandage.	93/155	82	71
44 Apply topical ointment.	94/157	70	63
45 Apply antiembolism elastic stockings.	95/158	65	61
# Assist a patient who has fallen.	96/159	#	#
DUTY D: PERFORMING SUPPORT SERVICES			
01 Clean instruments and equipment.	97/160	86	100
02 Stock equipment and supplies.	98/162	71	92
03 Evaluate equipment for service and repair. (combined with D-15)	(see D-15)	65	76
04 Wash hands aseptically.	99/163	93	86
05 Assist patient with catheters and drainage tubes.	100/164	43	53
06 Adjust bed and side rails.	101/165	75	82
07 Prepare physical therapy area for treatment.	102/167	97	98
08 Prepare patient for treatment.	103/168	92	94
08 Set up equipment and supplies for treatment.	104/170	93	92
10 Clean work area.	105/171	97	96

(table continued on next page)

DUTIES TASKS	PERFORMANCE OBJECTIVE/ PAGE NUMBERS	PERCENT PERFORMING PTO	
		DOT 1 N=76	DOT 2 N=49
DUTY D: PERFORMING SUPPORT SERVICES (cont.)			
11 Report unsafe conditions.	106/172	99	98
12 Follow departmental safety, emergency, and disaster procedures.	107/174	99	100
13 Instruct patient in use of assistive, supportive and rehabilitative devices.	108/175	95	86
14 Operate timing device.	109/177	78	80
15 Conduct preventive maintainance testing on physical therapy equipment.	110/179	26	33
16 Order equipment and supplies.	111/180	62	65
17 Clean whirlpool bath.	112/181	79	88
18 Clean paraffin bath.	113/183	37	76
19 Clean electrically powered equipment.	114/186	58	86
20 Clean non-electrically powered equipment.	115/187	61	84
21 Make ice massage sticks.	116/188	53	51
22 Repair physical therapy equipment.	117/189	34	27
23 Assemble physical therapy equipment.	118/190	66	53
* 24 Design physical therapy equipment.	*	15	6
25 Test physical therapy modality equipment. (combined with D-15)	(see D-15)	40	20
26 Test physical therapy exercise equipment. (combined with D-15)	(see D-15)	45	25
27 Conduct culture tests.	119/191	11	25
28 Contact bio-med for re-evaluating modality equipment.	120/192	22	25
* 29 Schedule equipment calibration.	*	11	10
# Clean hydrocollator units.	121/193	#	#
# Dispose of contaminated materials.	122/195	#	#
DUTY E: PERFORMING PATIENT AND CARE PLAN ASSESSMENT			
01 Interpret physical therapy patient's treatment plan.	123/197	91	41
02 Consult physical therapist on patient progress.	124/198	99	78
03 Assess patient's progress and the effectiveness of treatment plan.	125/199	92	41
04 Complete patient progress charts.	126/200	93	31
05 Conduct posture assessments.	127/201	65	6
06 Plan activities of daily living.	128/203	59	12
07 Plan work hardening activities.	129/205	29	4
08 Consult with physician about patient's treatment plan and patient's progress.	130/207	84	22

(table continued on next page)

DUTIES TASKS	PERFORMANCE OBJECTIVE/ PAGE NUMBERS	PERCENT PERFORMING PTO	
		DOT 1 N=76	DOT 2 N=49
DUTY E: PERFORMING PATIENT AND CARE PLAN ASSESSMENT (cont.)			
09 Assess patient's tolerance and adjust treatment accordingly.	131/209	96	57
10 Consult with other patient care professionals.	132/210	92	51
* 11 Give deposition or testimony at legal proceedings.	*	9	1
12 Assess patient's range of motion.	133/212	93	29
13 Administer manual muscular functions tests.	134/213	63	0
* 14 Administer computerized motion and strength examinations.	*	22	0
15 Assist in functional capacity assessment.	135/215	42	12
16 Supervise work hardening activities.	136/217	28	16
DUTY F:. PERFORMING PHYSICAL THERAPY TREATMENTS			
01 Apply cold compress to treatment area.	137/218	84	71
02 Apply infra-red heat to treatment area.	138/221	32	29
03 Apply warm compress to treatment area.	139/223	86	86
04 Provide patient with hydrotherapy treatment.	140/226	83	82
05 Administer hydrotherapy to a patient with an open wound.	141/229	76	74
06 Give patient a contrast bath.	142/232	45	35
07 Give patient a melted paraffin treatment.	143/234	75	69
08 Give patient an ice massage.	144/237	75	43
09 Give patient a combination ultrasound and electrical stimulation treatment.	145/240	71	43
10 Administer tilt table treatment.	146/243	71	35
11 Administer traction.	147/244	76	45
12 Give patient electrical stimulation treatment.	148/247	82	31
13 Give patient a lotion massage.	149/250	82	57
14 Administer intermittent venous compression treatment.	150/252	49	8
15 Give patient an ultraviolet light treatment.	151/255	30	16
16 Administer diathermy treatment.	152/258	63	45
17 Administer ultrasonic treatment.	153/260	87	55
18 Administer Trancutaneous Electrical Stimulation (TENS) treatment.	154/263	79	43
19 Position lumbosacral or cervical support pillow.	155/265	82	47

(table continued on next page)

DUTIES TASKS	PERFORMANCE OBJECTIVE/ PAGE NUMBERS	PERCENT PERFORMING PTO	
		DOT 1 N=76	DOT 2 N=49
DUTY F: PERFORMING PHYSICAL THERAPY TREATMENTS (cont.)			
20 Assist patient with three-point gait treatment.	156/266	87	71
21 Assist patient with four-point gait treatment.	157/268	88	71
22 Assist patient with parallel bars gait treatment.	158/270	92	94
23 Assist patient with rolling walker gait treatment.	159/272	83	78
24 Assist patient with walker gait treatment.	160/274	95	94
25 Assist patient with cane gait treatment.	161/276	91	90
26 Assist patient with quad cane gait treatment.	162/278	88	90
27 Assist patient with auxillary crutch gait treatment.	163/280	83	76
28 Assist patient with loftstrand crutch gait treatment.	164/282	66	57
29 Administer Active Range of Motion (AROM) treatment. (see PO 165)	(see PO 165)	100	61
30 Assist patient with Active Assisted Range of Motion (AAROM) treatment. (see PO 165)	(see PO 165)	100	61
31 Instruct patient on Passive Range of Motion (PROM) treatment. (see PO 165)	(see PO 165)	96	57
# Administer Range of Motion (ROM) treatment. (Administer Active Range of Motion (AROM) treatment. F-29, Assist patient with Active Assisted Range of Motion (AAROM) treatment. F-30, and Instruct patient on Passive Range of Motion (PROM) treatment. F-31)	165/284)	#	#
32 Instruct patient on Progressive Resistive Exercise (PRE) treatment.	166/286	88	39
33 Assist patient with isometric exercise treatment. (see PO 167)	(see PO 167)	92	49
34 Assist patient with isotonic exercise treatment. (see PO 167)	(see PO 167)	88	35
35 Assist patient with isokenetic exercise treatment. (see PO 167)	(see PO 167)	74	20

(table continued on next page)

DUTIES TASKS	PERFORMANCE OBJECTIVE/ PAGE NUMBERS	PERCENT PERFORMING PTO	
		DOT 1 N=76	DOT 2 N=49
F. PERFORMING PHYSICAL THERAPY TREATMENTS (cont.)			
# Assist patient with strengthing exercise treatment. (Assist patient with isometric exercise treatment. F-33, Assist patient with isotonic exercise treatment. F-34 and Assist patient with isokenetic exercise treatment. F-35)	167/288	#	#
36 Assist patient with concentric exercise treatment. (see PO 168)	(see PO 168)	86	22
37 Assist patient with eccentric exercise treatment. (see PO 168)	(see PO 168)	86	22
# Assist patient with stretching exercise treatment. (Assist patient with concentric exercise treatment. F-36 and Assist patient with eccentric exercise treatment. F-37)	168/290	#	#
38 Assist patient with sitting balance exercise treatment.	169/291	92	71
39 Assist patient with standing balance exercise treatment.	170/293	96	76
40 Assist patient in protective reflex training.	171/295	47	6
41 Assist patient with fine motor coordination exercise treatment.	172/296	74	27
42 Assist patient with gross motor strengthing exercise treatment.	173/297	87	31
43 Assist patient with staircase gait training.	174/298	97	78
44 Give patient Neurodevelopmental Training (NDT).	175/299	41	100
45 Perform muscle re-education. (Perform muscle re-education by tapotement, biofeedback and EMS).	176/301	55	8
46 Assist patient with assistive and resistive exercise using a pulley system.	177/302	76	63
47 Assist patient with threadmill exercise.	178/304	22	14
48 Assist patient with functional activities.	179/306	84	51
49 Assist patient with high level balance and gross motor coordination activities.	180/308	78	37
DUTY G: PROVIDING PSYCHO-SOCIAL CARE			
01 Provide supportive listening for patient and family.	181/310	87	84

(table continued on next page)

DUTIES TASKS	PERFORMANCE OBJECTIVE/ PAGE NUMBERS	PERCENT PERFORMING PTO	
		DOT 1 N=76	DOT 2 N=49
DUTY G: PROVIDING PSYCHO-SOCIAL CARE (cont.)			
02 Identify possible abuse.	182/311	24	10
03 Respond to emotional needs of terminally ill patient and family.	183/312	61	51
04 Plan behavior management activities.	184/313	41	8
05 Promote patient trust.	185/314	93	86
06 Listen to family problems. (see G-1)	(see G-1)	90	76
07 Provide behavior management (reinforcement and reward).	186/316	67	33
08 Talk with patient about everyday life.	187/317	97	88
DUTY H: CONTINUING EDUCATION			
01 Attend physical therapy workshops and inservice.	188/318	88	45
02 Obtain certification/state licensure.	189/319	33	18
03 Supervise physical therapy student's clinical experience.	190/320	45	4
04 Participate with secondary cooperative education programs (student visits).	191/321	54	16
05 Participate in and promote professional organizations.	192/323	26	8
06 Remain current with latest technology.	193/324	72	18
07 Consult with other professionals in the physical therapy field. (combined with E-10)	(see E-10)	83	25
08 In-service staff following a continuing education course.	194/325	63	16
09 Attend physical therapy seminars and meetings outside the hospital/health care environment.	195/327	72	10

APPENDIX D

BIBLIOGRAPHY: STATE-OF-THE-ART LITERATURE

APPENDIX D
STATE-OF-THE-ARTS BIBLIOGRAPHY

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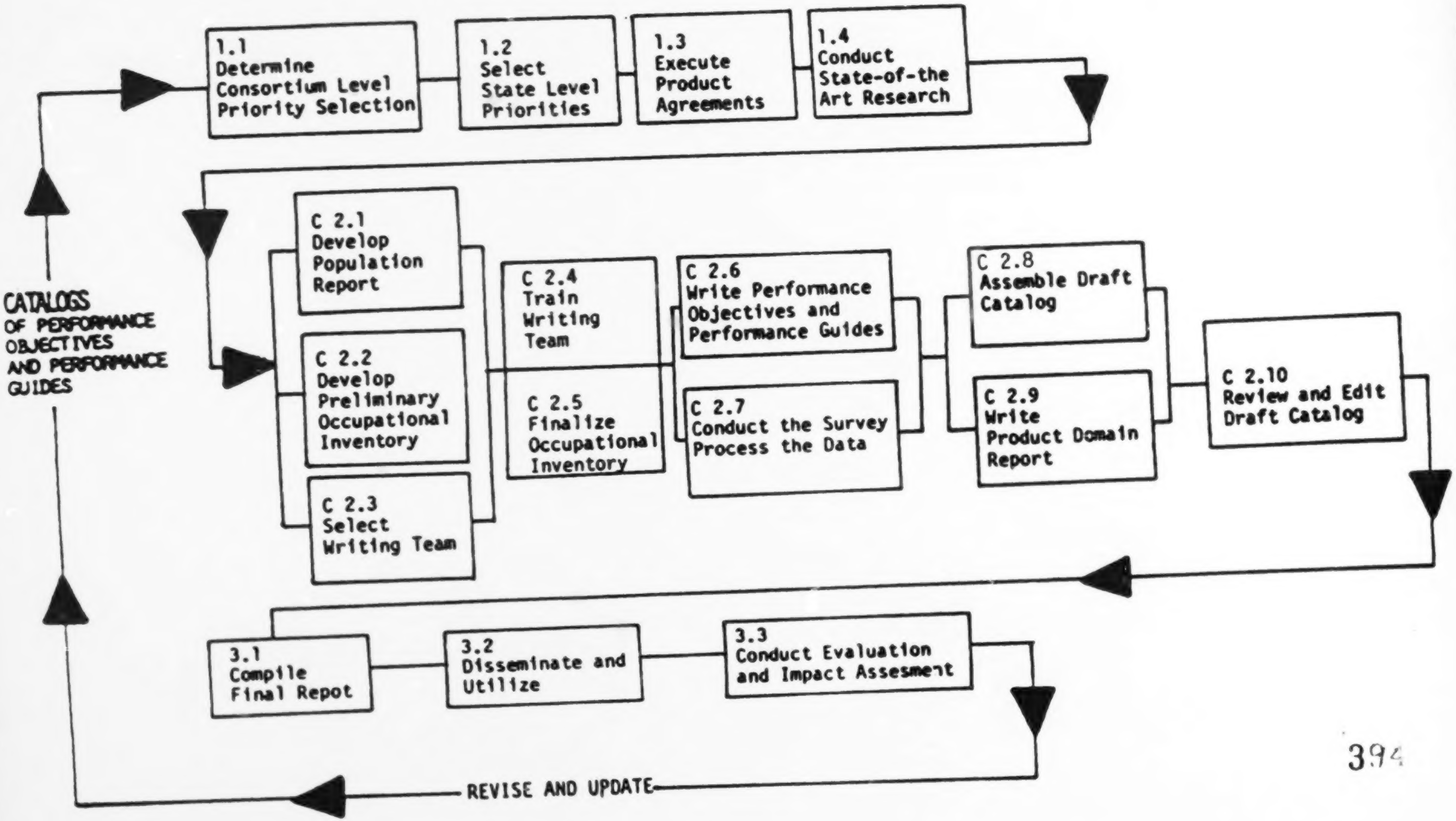
APPENDIX E

V-TECS CATALOG DEVELOPMENT MODEL

CATALOG DEVELOPMENT MODEL


1.1 Determine Consortium Level Priority Selection
1.2 Select State Level Priorities
1.3 Execute Product Agreements
1.4 Conduct State-of-the Art Research
C 2.1 Develop Population Report
C 2.2 Develop Preliminary Occupational Inventory
C 2.3 Select Writing Team
C 2.4 Train Writing Team
C 2.5 Finalize Occupational Inventory
C 2.6 Write Performance Objectives and Performance Guides
C 2.7 Conduct the Survey Process the Data
C 2.8 Assemble Draft Catalog
C 2.9 Write Product Domain Report
C 2.10 Review and Edit Draft Catalog
3.1 Compile Final Repot
3.2 Disseminate and Utilize
3.3 Conduct Evaluation and Impact Assesment
REVISE AND UPDATE
CATALOGS OF PERFORMANCE OBJECTIVES AND PERFORMANCE GUIDES